

STATE OF DELAWARE



**DELAWARE HEALTH
AND SOCIAL SERVICES**

DIVISION OF MANAGEMENT SERVICES

"DMS Serving Those Who Serve Delaware"

SPECIFICATIONS AND CONTRACT DOCUMENTS NO. #7213

FOR

SPECIAL DIET FOODS

Required for Use By

VARIOUS DELAWARE STATE AGENCIES

FOR THE MONTH OF JULY 2008

**Deposit
Performance Bond
Date Due
Time**

**WAIVED
WAIVED
JUNE 20, 2008
11:00 A.M LOCAL TIME**

**DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF MANAGEMENT SERVICES
PROCUREMENT BRANCH- MAIN BLDG., ROOM 260
HERMAN M. HOLLOWAY SR. HEALTH AND SOCIAL SERVICES CAMPUS
1901 N. DUPONT HIGHWAY
NEW CASTLE, DELAWARE 19720**

INVITATION TO BID#7213

Sealed bids for **SPECIAL DIET FOODS** for Various Delaware State Agencies must be received by the Delaware Health & Social Services, Procurement Branch, Main Administration Building, Second Floor, Room #260, 1901 North DuPont Highway, (South Loop) Herman M. Holloway Sr., Health & Social Service Campus, New Castle, Delaware 19720, until **11:00 AM local time on JUNE 20, 2008** at which time they will be opened, read and recorded.

Specifications may be obtained at the above office. Phone: (302) 255-9295.

PLEASE NOTE: The following paragraphs hereby become part of the General Terms and Conditions of this bid.

1, 2, 2A, 3, 3A, 4, 6, 7, 8, 9, 10, 11, 12, 17, 18, 19, 20, 21, 25, 27, 29 and 35 Contact Person: Annette Opalczynski (302) 255-9295

Please review the General Rules and Conditions and the General Requirements, (for Food Only), which appear on the DHSS website. The following forms must be included with your bid: 1) the Bidder Signature Form, 2) the Vendor Certification Form and 3) the Office of Minority and Women Business Enterprise Forms. All of these documents can be accessed on the DHSS website:

<http://www.dhss.delaware.gov/dhss/rfp/dhssrfp.htm>

NOTE TO VENDORS: Your bid **must be signed** and all information on the signature page completed.

If you do not intend to submit a bid and you wish to be kept on our mailing list you are required to return the face sheet with "**NO BID**" stated on the front with your **company's name, address and signature.**

IMPORTANT: ALL BIDS MUST HAVE ON THE OUTSIDE ENVELOPE OUR (4) FOUR DIGIT CONTRACT NUMBER. IF THIS NUMBER IS OMITTED YOUR BID WILL IMMEDIATELY BE REJECTED.

ALL BIDS MUST BE DELIVERED TO THE ADDRESS ON THE BID ENVELOPE. UNDER NO CIRCUMSTANCES WILL A BID BE ACCEPTED THAT IS :

- LATE
- DELIVERED TO THE WRONG BUILDING
- SIGNED FOR BY A PERSON OTHER THAN A MEMBER OF THE PROCUREMENT STAFF.

DELIVERY INSTRUCTIONS:

TO INSURE THAT YOUR BID IS IN THE PROCUREMENT OFFICE ON THE DATE AND THE TIME SPECIFIED, THERE ARE THREE (3) RECOMMENDED METHODS OF DELIVERING BID PROPOSALS LISTED BELOW:

1. HAND DELIVER
2. FEDERAL EXPRESS
3. UPS

FOR FURTHER BIDDING INFORMATION PLEASE CONTACT:

BUYER: ANNETTE OPALCZYNSKI
DELAWARE HEALTH & SOCIAL SERVICES
PROCUREMENT BRANCH
MAIN BLDG., ROOM 260
1901 NORTH DUPONT HIGHWAY
HERMAN M. HOLLOWAY SR.,
HEALTH & SOCIAL SERVICES CAMPUS
NEW CASTLE, DELAWARE 19720

PHONE: (302) 255-9295

SPECIAL TERMS & CONDITIONS

- 1) **Prices are to be valid for one month.** The basis for awarding purchase orders against this quotation, include but are not limited to low bid, vendor performance record, lead time, trade and cash discounts, and shipping costs. Determining factors to be those in the best interest of the Department of Health & Social Services, State of Delaware.

In case of any doubt or difference of opinion as to the items to be furnished hereunder the decision of the Chief of Procurement of the Department of Health & Social Services shall be final and binding upon both parties.

- 2) Bids will be accepted on the **ACCEPTABLE BRAND NAMES ONLY.**
SEE ENCLOSED LIST.
- 3) Vendors must submit only one product per bid item or their bid for that item will be rejected.
- 4) **MINIMUM CASE REQUIREMENTS WILL NOT BE ACCEPTED.**
The State of Delaware reserves the right to increase or decrease the quantities of any item by twenty percent (20%).
- 5) **VENDORS MUST SUBMIT A COPY OF THEIR CURRENT DELAWARE BUSINESS LICENSE WITH THEIR BID. TO APPLY FOR A LICENSE, CALL 302-744-1085.**
- 6) Agencies are to be notified if deliveries cannot be made as specified
In the event delivery provisions are not met, the Delaware Health & Social Services shall have the right to authorize the ordering agency to order equivalent material on the open market. Any cost above contract price resulting from this procedure will become the obligation of the successful vendor (s).
The Delaware Health & Social Services, Procurement Office, in consultation with the ordering agency, will be the sole judge of material quality and equivalencies and such decision will be final.
- 7) **All prices will be rounded off to two decimal places. Three (3) decimal places will not be accepted. Example: \$10.624 - round off to \$10.62. Failure to do so will mean disqualification of said item.**

8. The successful vendor is required to "Bill as Shipped" to the respective ordering agency. Ordering agencies shall provide at a minimum the contract number, ship to and bill to address, contract name and phone number.
9. The agencies or school district involved will authorize and process payment of each invoice within thirty (30) days after the date of receipt. The vendor must accept full payment by credit card, or conventional check and/or other electronic means at the State's option, without imposing any additional fees, costs, or conditions.
10. All items delivered during the life of the contract shall be of the same type and manufacturer as specified, unless specific approval is given by Procurement to do otherwise. Substitutions may require the submission of written specifications and product evaluation prior to approvals being granted.
11. Vendors are required to have either a local telephone number or a toll free number. Each agency is responsible for placing their orders and this may be accomplished by written purchase order, telephone, fax or computer online systems. The vendor must accept full payment by procurement credit card or conventional check and/or any other electronic means at the State's option without imposing any additional fees, costs or conditions.
12. Force Majeure: Neither the vendor or the ordering agency shall be held liable for non-performance under the terms and conditions of this contract due to, but not limited to, government restriction, strike, flood, fire or unforeseen catastrophe beyond either party's control. Each party shall notify the other in writing of any situation that may prevent performance under the terms and conditions of this contract.
13. Hold Harmless: The vendor agrees that it shall indemnify and hold the State of Delaware and all its agencies harmless from and against all claims for injury, loss of life, or damage to or loss of use of property caused or alleged to be caused by acts of omissions of the vendor, its employees and invitees on or about the premises and which arise out of the contractor's performance or failure to perform as specified in the agreement.
14. Vendor Emergency Response Point of Contact: The vendor shall provide the names and telephone numbers of those individuals who can be contacted twenty-four (24) hours a day, seven (7) days a week, if there is a critical need for commodities or when/if the Governor of the State of Delaware declares a State of Emergency. Failure to provide this information could render the bid non-responsive.

ACCEPTABLE BRAND LIST

PUREED SOUFFLES:

Acceptable brand for all types is Cliffdale Farms

PUREED MEATS- INDIVIDUAL SERVINGS:

Acceptable brand is Hormel Thick & Easy
and Cliffdale Farms for Bid Items# 22-26

| Item # | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | TOTAL PR |
|--------|--|----------|------|------------|----------|
| 1. | <p>SPECIAL DIET FOODS FOR THE MONTH OF JULY</p> <p>**SEE ACCEPTABLE BRANDS LIST ATTACHED.</p> <p>PUREED SOUFFLES:</p> <p>APPLE CINNAMON FRENCH TOAST, Frozen., 4/4 lb. pans/case</p> <p>BRAND: _____</p> <p>NO: _____</p> | 5 | Case | | |
| 2. | <p>BANANA FRENCH TOAST, Frozen, 4/4 lb pans/case</p> <p>BRAND: _____</p> <p>NO: _____</p> | 5 | Case | | |
| 3. | <p>BEEF BBQ SAUCE, Cooked., Frozen, 4/4lb pans/case</p> <p>BRAND: _____</p> <p>NO: _____</p> | 1 | Case | | |

| Item # | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | TOTAL PR |
|--------|--|----------|------|------------|----------|
| 4. | BEEF & VEGETABLES, Cooked., Frozen 4/4 lb. pans/case BRAND: _____ NO: _____ | 2 | Case | | |
| 5. | BEEF & CHILI, Cooked. Frozen 4/4 lb. pans/case BRAND: _____ NO: _____ | -0- | Case | ----- | |
| 6. | BEEF LASAGNA, Partly Baked, Frozen 4/4 lb. pans/case BRAND: _____ NO: _____ | 5 | Case | | |
| 7. | CHEESE PIZZA, Cooked, Frozen 4/4 lb. pans/case BRAND: _____ NO: _____ | 1 | Case | | |

| Item # | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | TOTAL PR |
|--------|---|----------|------|------------|----------|
| 8. | CHICKEN A LA ORANGE, Cooked., Frozen 4/4 lb. pans/case | 3 | Case | | |
| | BRAND: _____ | | | | |
| | NO: _____ | | | | |

| | | | | | |
|----|--|---|------|--|--|
| 9. | PEACH FRENCH TOAST , Frozen 4/4 lb. pans/case | 5 | Case | | |
| | BRAND: _____ | | | | |
| | NO: _____ | | | | |

| | | | | | |
|-----|--|---|------|--|--|
| 10. | ROAST BEEF & CHEDDAR, Cooked, Frozen, 4/4 lb. pans/case | 4 | Case | | |
| | BRAND: _____ | | | | |
| | NO: _____ | | | | |

| | | | | | |
|-----|---|---|------|--|--|
| 11. | TUNA CHEDDAR, Cooked, Frozen 4/4 lb. pans/case | 4 | Case | | |
| | BRAND: _____ | | | | |
| | NO: _____ | | | | |

| Item # | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | TOTAL PRICE |
|--------|---|----------|------|------------|-------------|
| 12. | TURKEY DINNER, Cooked, Frozen 4/4 lb. pans/case BRAND: _____ NO: _____ | 3 | Case | | |

| Item # | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | TOTAL PR |
|--------|---|----------|------|------------|----------|
| 13. | <p>PUREED MEATS- INDIVIDUAL SERVINGS, PRE-FORMED</p> <p>**SEE ATTACHED ACCEPTABLE BRANDS LIST</p> <p>BAKED FISH, Frozen, 3 oz. portion 24/ 3 oz. Servings/case</p> <p>BRAND: _____</p> <p>NO: _____</p> | 19 | Case | | |
| 14. | <p>BEEF PATTY, Sirloiner, Frozen, 3 oz. portion 24/ 3 oz. servings/case</p> <p>BRAND: _____</p> <p>NO: _____</p> | 16 | Case | | |
| 15. | <p>GRILLERS, (HOT DOGS), Frozen, 2 oz. portion 24/2 oz. servings/case</p> <p>BRAND: _____</p> <p>NO: _____</p> | 22 | Case | | |

| Item # | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | TOTAL PRICE |
|--------|---|----------|------|------------|-------------|
| 16. | HAM, Frozen, 3 oz. portion, 24/3 oz. servings/case BRAND: _____ NO: _____ | 21 | Case | | |
| 17. | ROAST BEEF, Frozen, 3 oz. portion, 24/3 oz. servings/case BRAND: _____ NO: _____ | 26 | Case | | |
| 18. | ROAST CHICKEN, Frozen, 3 oz. portion, 24/3 oz. servings/case BRAND: _____ NO: _____ | 22 | Case | | |
| 19. | ROAST PORK, Frozen, 3 oz., portion 24/ 3 oz. servings/case BRAND: _____ NO: _____ | 21 | Case | | |

| Item # | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | TOTAL PR |
|--------|---|----------|------|------------|----------|
| 20. | ROAST TURKEY, Frozen, 3 oz., portion 24/ 3oz. servings/case BRAND: _____ NO: _____ | 21 | Case | | |
| 21. | SAUSAGE PATTY, Frozen, 1 oz. portion 90/1 oz. servings/case BRAND: _____ NO: _____ | 26 | Case | | |
| 22. | COUNTRY BREAD, 3 oz. portion 24/3 oz. servings/case BRAND: _____ NO: _____ | -0- | Case | ----- | |
| 23. | TURKEY DINNER, 4 oz., portion 24/4 oz. servings/case BRAND: _____ NO: _____ | -0- | | ----- | |

| Item # | DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | TOTAL PRICE |
|--------|--|----------|------|------------|-------------|
| 24. | SAVORY BEEF AND VEGETABLES, 4 oz. portion, 24/ 4 oz. servings/case BRAND: _____ NO: _____ | -0- | Case | ----- | |
| 25. | GARDEN VEGETABLE LASAGNA MEDLEY, 4 oz. portion, 24/4 oz servings/case BRAND: _____ NO: _____ | -0- | Case | ----- | |
| 26. | APPLE CINNAMON FRENCH TOAST 3 oz. portion, 24/ 3 oz. servings/case BRAND: _____ NO: _____ | 4 | Case | | |

