

**SPECIAL CONDITIONS FOR DELIVERIES**

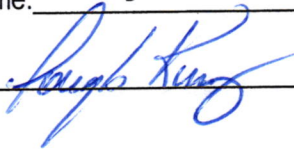
Should it be determined by either the Multi-Regional Co-Op, member districts, or awarded vendors that more than once delivery a week to any of the drop sites within the School Districts is necessary, please list any additional fees below. Be specific as to formulas, fees, or any other charges incurred.

Please provide any other additional information below:

Kurz & Co. has a minimum delivery requirement of \$50.00.

Vendor Name: \_\_\_\_\_ Kurz & Co. \_\_\_\_\_

Authorized Company Official's Name: \_\_\_\_\_ Douglas Kurz \_\_\_\_\_

Signature of Company Official: \_\_\_\_\_  \_\_\_\_\_

**Complete and return with Proposal**

**FELONY CONVICTION NOTIFICATION**

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony."

Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract."

This Notice Is Not Required of a Publicly Held Corporation

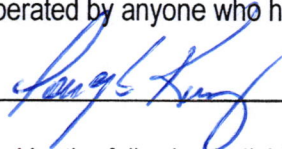
Vendor's Name Kurz & Co.

Authorized Company Official's Name (Printed): Douglas Kurz

A. My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.

Signature of Company Official: \_\_\_\_\_

B. My firm is not owned nor operated by anyone who has been convicted of a felony.

Signature of Company Official: 

C. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony.

Name of Felon(s): \_\_\_\_\_

Details of Conviction(s): \_\_\_\_\_

Signature of Company Official: \_\_\_\_\_

**Complete and return with Proposal**

## Certification Regarding Lobbying

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Applicable to Grants, Subgrants, Cooperative Agreements, and Contracts Exceeding \$100,000 in Federal Funds.

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Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the awarding of a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all covered subawards exceeding \$100,000 in Federal funds at all appropriate tiers and that all subrecipients shall certify and disclose accordingly.

Kurz & Co.  
4640 Brittmoore Road  
~~Houston, Texas 77041~~  
Name/Address of Organization

~~Douglas Kurz, President~~  
Name/Title of Submitting Official

  
Signature

May 22, 2014  
Date

**Complete and return with Proposal**



Request for Proposal

ATTACHMENT A

NOTARIZED STATEMENT VALIDATING PROPOSAL CONTENTS NON COLLUSION STATEMENT

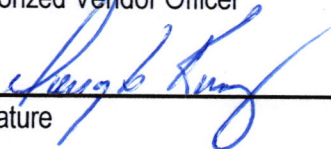
To: **Region 10 Education Service Center**

From: Kurz & Co.  
**Organization Name**

Vendor shall not prepare this Proposal in collusion with any other Vendors and the contents of this Proposal as to prices, terms or conditions may not be communicated by this organization nor by an employee or agent of this organization to any other Vendor or to any other persons engaged in this type of business activity prior to the official Proposal due date. However, the authorized agent or officer signing this Proposal is not and has not been, for six months, directly or indirectly concerned in any agreement to control the conditions and/ or prices of services proposed, or has not influenced any person to propose or not propose thereon.

I have read the complete Proposal RFP #2014-11 BAKERY PRODUCTS: FRESH BREAD for member districts in Multi Region Co-Op and verify the accuracy of all information contained in the Proposal.

Authorized Vendor Officer

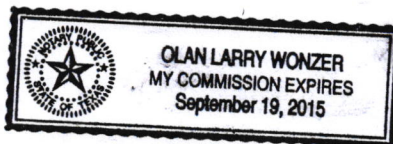
  
\_\_\_\_\_  
Signature

Douglas Kurz  
\_\_\_\_\_  
Typed name

NOTARY PUBLIC Olav Wonzer

My commission expires on the 19 day of Sept 2015

Complete and return with Proposal



**ATTACHMENT B**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND  
VOLUNTARY EXCLUSION**

In accordance with Executive Order 12549 DEBARMENT AND SUSPENSION, the prospective vendor certifies by submission of this Proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this transaction by any Federal department or agency.

Where the prospective offeror is unable to certify to any of the statements of this certification, such prospective participant shall attach an explanation to this Proposal.

The certification in this clause is material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective offeror knowingly entered an erroneous certification, in addition to other remedies available to the Federal Government, the Multi-Regional Co-Op may pursue any and all available remedies, including suspension and/or debarment.

Additionally, the prospective vendor shall provide immediate written notice to the person to whom this Proposal is submitted if at any time the prospective offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

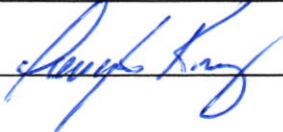
The prospective vendor agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any transactions with a person or firm who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Multi-Regional Co-Op.

Except for transactions authorized under the previous paragraph, if a prospective offeror in a covered transaction knowingly enters into a transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in the transaction, in addition to other remedies available to the Federal Government, the Multi-Regional Co-Op may pursue and all available remedies, including suspension and/or debarment.

Potential Vendor Name: Kurz & Co.

Title of Authorized Representative: President

Mailing Address: 4640 Brittmoore Road, Houston, Texas 77041

Signature: 

**Complete and return with Proposal**

## ATTACHMENT C

<b>CONFLICT OF INTEREST QUESTIONNAIRE</b>		<b>FORM CIQ</b>	
<b>For vendor or other person doing business with local governmental entity</b>			
<p>This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.</p> <p>By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.</p> <p>A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.</p>	<b>OFFICE USE ONLY</b> Date Received		
1	Name of person doing business with local governmental entity. Kurz & Co.		
2	<input checked="" type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)		
3	Name each employee or contractor of the local governmental entity who makes recommendations to a local government officer of the governmental entity with respect to expenditures of money AND describe the affiliation or business relationship.  None		
4	Name each local government officer who appoints or employs local government officers of the governmental entity for which this questionnaire is filed AND describe the affiliation or business relationship.  None		

Adopted 11/02/2005



**CONFLICT OF INTEREST QUESTIONNAIRE** **FORM CIQ**

For vendor or other person doing business with local governmental entity Page 2

5

Name of local government officer with whom filer has affiliation or business relationship.  
(Complete this section only if the answer to A, B, or C is YES).

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or other relationship. Attach additional pages to this Form CIQ as necessary.

N/A

A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?  Yes  No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?  Yes  No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?  Yes  No

D. Describe each affiliation or business relationship.

None

6

Kurz & Co.

\_\_\_\_\_  
Organization Name

  
\_\_\_\_\_  
Signature of person doing business with the governmental entity

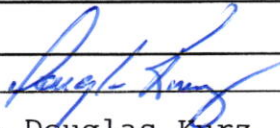
5-22-14  
Date

# Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See next page for public burden disclosure.)

Approved by \_\_\_\_\_

OMB

<p>1. Type of Federal Action:</p> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance <p style="text-align: right;">N/A</p>	<p>2. Status of Federal Action:</p> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award <p style="text-align: center;">N/A</p>	<p>3. Report Type:</p> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <p>For Material Change Only:          year _____ quarter _____          date of last report _____</p> <p style="text-align: center;">N/A</p>
<p>4. Name and Address of Reporting Entity:</p> <input type="checkbox"/> Prime <p style="text-align: center;">N/A</p> <input type="checkbox"/> Subawardee Tier _____, if known: <p>Congressional District, if known:</p>		<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p style="text-align: center;">N/A</p> <p>Congressional District, if known:</p>
<p>6. Federal Department / Agency:</p> <p style="text-align: center;">N/A</p>	<p>7. Federal Program Name / Description:</p> <p style="text-align: center;">N/A</p> <p>CFDA Number, if applicable: _____</p>	
<p>8. Federal Action Number, if known:</p> <p style="text-align: center;">N/A</p>	<p>9. Award Amount, if known:</p> <p style="text-align: center;">\$ 0.00</p>	
<p>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI):</p> <p style="text-align: center;">N/A</p>	<p>b. Individuals Performing Services (including address if different from No. 10a)(last name, first name, MI):</p> <p style="text-align: center;">N/A</p> <p style="text-align: right;">(attach Continuation Sheet(s) SF-LLL-A, if necessary)</p>	
<p>11. Amount of Payment (check all that apply):          \$ 0.00 ? actual ? planned</p>	<p>13. Type of Payment (check all that apply):          ? a. retainer          ? b. one-time fee          ? c. commission          ? d. contingent fee          ? e. deferred          ? f. other; specify: _____</p> <p style="text-align: right;">N/A</p>	
<p>12. Form of Payment (check all that apply)          ? a. cash          ? b. in-kind; specify: nature <u>None</u>          value _____</p>	<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11:</p> <p style="text-align: center;">None</p> <p style="text-align: right;">(attach Continuation Sheet(s) SF-LLL-A, if necessary)</p>	
<p>15. Continuation Sheet(s) SF-LLL-A attached: ? Yes <input checked="" type="checkbox"/> No</p>		
<p>16. Information requested through this form is authorized by article 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>		<p>Signature: </p> <p>Print Name: <u>Douglas Kurz</u></p> <p>Title: <u>President</u></p> <p>Telephone No: <u>713 861-9955</u> Date: <u>5-22-14</u></p>
<p><b>Federal Use Only:</b></p>		<p>Authorized for Local Reproduction Standard Form - LLL</p>

0348-0046

**Complete and return with Proposal**



## PROCUREMENT

### Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and / or has been secured to influence the outcome of a covered Federal Action.
2. Identify the status of the covered Federal Action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal Action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1<sup>st</sup> tier. Subawards include but are not limited to subcontracts, subgrants, and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal Agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Proposal (IFB) number; grant announcement number; the contract, grant, or loan award number; the application Proposal control number assigned by the Federal agency). Include prefixes, e.g. "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award / loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box (es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box (es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

**PROPOSAL FORM**  
**for**  
**CERTIFICATION REGARDING TEXAS FAMILY CODE**

As per Section 14.52 of the Texas Family Code, added by S.B. 84, Acts, 73<sup>rd</sup> Legislature, R.S. (1993), all Proposers must complete and submit with the Proposal the following affidavit:

I, the undersigned vendor, do hereby acknowledge that NO sole proprietor, partner, majority shareholder of a corporation, or an owner of 10% or more of another business entity is 30 days or more delinquent in paying child support under a court order or a written repayment agreement. I understand that under this is, a sole proprietorship, partnership, corporation or other entity in which a sole proprietor, partner, majority shareholder or a corporation, or an owner of 10% or more of another entity is 30 days or more delinquent in paying child support under a court order or a written repayment agreement is NOT eligible to Proposal or receive a state contract.

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**ORGANIZATION NAME**

Kurz & Co.

**ADDRESS**

4640 Brittmoore Road  
Houston, Texas 77041

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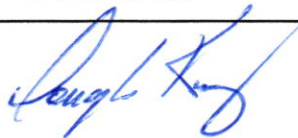
**PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE**

Douglas Kurz, President

5-22-2014

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**SIGNATURE**



**DATE**

**Complete and return with Proposal**

**Food Wholesaler License**

Firms that manufacture and/or distribute food for sale to schools are "wholesale food manufactures and/or distributors" and must acquire the appropriate license with the **Texas Department of Health, Bureau of Food and Drug Safety, Manufactured Foods Division.**

A food wholesaler is a firm that sells a food product to an intermediary (the school), which then sells the product to the final consumer (students and staff). Licenses are obtained through Manufactured Foods and the Licensing and Enforcement Division of the Texas Department of Health (TDH):

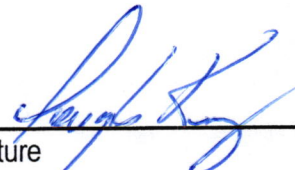
**Texas Department of Health  
Manufactured Food Division  
1100 West 49<sup>th</sup> Street  
Austin TX 78756-3199  
(888) 963-7111**

A copy of the **Food Wholesaler License** must be included with Proposal.

Kurz & Co.  
Organization Name

Douglas Kurz, President  
Name and Title of Authorized Representative

Copy of Food Wholesaler License included with Proposal: Yes or No Yes

  
Signature 5-22-2014  
Date

**Complete and return with Proposal**



**Clean Air and Water Act**

I, the Vendor, am in compliance with all applicable standards, orders or regulations issued pursuant to the Clean Air Act of 1970, as Amended (42 U.S.C. 1857(h)), Section 508 of the Clean Water Act, as amended (33 U.S.C. 1368), Executive Order 117389 and Environmental Protection Agency Regulation, 40 CFR Part 15 as required under OMB Circular A-102,

Attachment O, Paragraph 14 (1) regarding reporting violations to the grantor agency and to the United States Environment Protection Agency Assistant Administrator for the Enforcement.

Potential Vendor Name: Kurz & Co.

Title of Authorized Representative: President

Mailing Address: 4640 Brittmoore Road, Houston, Texas 77041

Signature:  \_\_\_\_\_

**Complete and return with Proposal**

**CERTIFICATION OF PROPOSAL SPECIFICATIONS/TERMS & CONDITIONS**

**RFP #2014-11**

All specifications, terms, and conditions of the proposal have been read.

Our Company accepts the specifications and conditions unless otherwise accepted in writing to Sue Hayes, Chief Financial Officer, and Education Service Center Region 10.

COMPANY NAME: Kurz & Co.

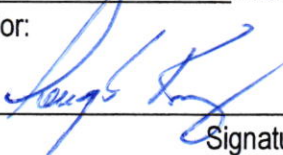
Address: 4640 Brittmoore Road

City: Houston State: Texas Zip: 77041

Phone: (713) 861-9955 FAX: (713) 861-8333 Date: 5-22-2014

Name of Representative Authorized to sign for vendor:

Douglas Kurz  
Typed Name

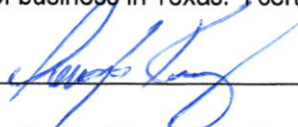
  
Signature

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**RESIDENT VENDOR CERTIFICATION**

In order for proposal to be considered, the following information must be provided. Failure to complete may result in rejection of the proposal:

As defined by Texas House Bill 602, a "nonresident vendor" means a vendor whose principal place of business is not in Texas, but excludes a contractor whose ultimate parent company or majority owner has its principal place of business in Texas. I certify that my company is a "resident vendor":

Signature  Date: 5-22-2014

If you qualify as a "nonresident vendor," you must furnish the following information:  
What is your resident state? (The state your principal place of business is located.)

Company	Name	Address
City	State	Zip

(A) Does your "residence state" require vendors whose principal place of business is in Texas to under Proposal vendors whose residence state is the same as yours by a prescribed amount or percentage to receive a comparable contract? "Residence state" means the state in which the principal place of business is located.  
YES \_\_\_\_\_ NO \_\_\_\_\_

(B) What is the amount or percentage? \_\_\_\_\_ %  
I certify that the above information is correct.

Typed Name \_\_\_\_\_ Position \_\_\_\_\_ Company Name \_\_\_\_\_  
**Complete and return with proposal**

**PROPOSAL ACKNOWLEDGMENT  
BAKERY PRODUCTS: FRESH BREAD  
[RFP# #2014-11]**

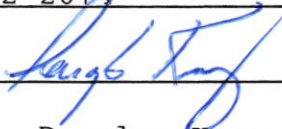
TO: Education Service Center Region 10

I, or we, the duly authorized undersigned, having carefully read the Instructions to Offerors, General Conditions, Notice to Offerors, Contract Specifications, Responsibilities of Offerors, and Proposal Forms, do hereby agree to enter into a contract with Region 10 by tendering this offer to perform the work required and/or provide the product(s) specified in this solicitation. I, or we, will deliver the product(s) per specifications found in this Proposal document for the prices indicated. I, or we, also certify to the accuracy of the certifications required (including, but not limited to, Felony Conviction Notice or Clean Air and Water Act) which accompany this offer. I, or we, will follow all applicable state or federal laws.

The prices in this offer have been determined independently, without consultation, communication, or agreement for the purpose of restricting competition, as to any matter related to such prices, with any other offeror or with any competitor. I, or we, are authorized to submit this offer and have not been a party to any collusion among offer/offerors in restraint of freedom of competition by agreement to offer at a fixed price or to refrain from offering; or with any Region 10 employee, Board Director, or consultant as to quantity, quality, or price in the prospective contract, or in any terms of the prospective contract except in any authorized discussion(s) with Region 10's Business personnel; or in any discussions or actions between offer/offerors and any Region 10 employee, Board Director, or consultant concerning exchange of money or other things of value for special consideration in the award of this contract.

Date: 5-22-2014

Name of Firm: Kurz & Co.

Signature: 

4640 Brittmoore Road  
Firm's Address: Houston, Texas 77041

Name/Title: Douglas Kurz, President

Phone #: 713-861-9955

Fax #: 713-861-8333

SS or Fed ID #: 76-0582370

**PROPOSAL ENVELOPES SHOULD BE PLAINLY MARKED:**

**[RFP# #2014-11]**

**Multi-Regional Co-Op Purchasing Group  
"Request for Proposal, BAKERY PRODUCTS: FRESH BREAD "  
Attn: Mrs. Sue Hayes – Chief Financial Officer  
400 East Spring Valley Rd.  
Richardson, Texas 75081  
DUE: Thursday, May 29, 2014 at 4:30 pm  
Complete and return with proposal**