

BID FORM FOR MILK PRODUCT CONTRACT

BID # HVPS-13-14-1821

Bidder Information

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone # _____ Fax # _____

Proof of Workers' Comp _____

Proof of Liability Insurance _____

Name of Insurance Company _____

Address _____

City _____ State _____ Zip Code _____

The undersigned hereby certifies that this Invitation to bid is genuine, and not a sham or collusive, or made in the interest or in behalf of any person(s), firm or corporation not herein named; that the undersigned has not directly or indirectly induced or solicited any bidder to refrain from bidding, and the undersigned has not, in any manner, sought by collusion to secure for himself an advantage over any other bidder

Print Name

Title

Authorized Signature

Date

Product Description	Unit Size	Quantity	Unit Price	Extended Price
Skim White Milk	1/2 pint	21,320		
1% LF White Milk	1/2 pint	10,160		
FF Chocolate Milk	1/2 pint	204,600		
FF Strawberry Milk	1/2 pint	47,520		
			Total Bid Amount	

Include Escalation Clause, if applicable, on any possible future price changes in cost –up or down. Funding for this contract is based on funding for the Student Nutrition Programs. The Term of the contract will be for one year. The Student Nutrition Program reserves the right to exercise its option to renew or extend the contract contingent upon the terms and conditions being met for up to 5 years.