



# NOTICE OF PROPOSAL INVITATION

**Proposal Name: Awards, Trophies & Personal Recognition Products**

**Proposal Opening Date and Time:**  
March 9, 2010 @ 2:30 PM

**Proposal Number: 343-10**

**Location of Proposal Opening:**  
Texas Association of School Boards  
Cooperative Purchasing Department  
12007 Research Blvd.  
Austin, TX 78759

**Contract Time Period: July 1, 2010 through June 30, 2011 with two possible one-year extensions.**

**Board Meeting Date: May, 2010**

The undersigned authorized representative of the proposing company indicated below hereby acknowledges:

1. That he/she is authorized to enter into contractual relationships on behalf of the proposing company indicated below, and
2. That he/she has carefully examined this Proposal Notice, the accompanying Proposal Forms (whether in printed or electronic form), and the General Terms and Conditions and Item Specifications associated with this Proposal Invitation, and acknowledges the right of the Cooperative to maintain facsimile signatures as originals, and
3. That he/she proposes to supply any products or services submitted under this Proposal Invitation at the prices quoted and in strict compliance with the General Terms and Conditions, and Item Specifications associated with this Proposal Invitation, unless any exceptions are noted in writing with this proposal response, and
4. That if any part of this proposal is accepted, he/she will furnish all products or services awarded under this proposal at the prices quoted and in strict compliance with the General Terms and Conditions, and Item Specifications associated with this Proposal Invitation, unless any exceptions are noted in writing with this proposal response, and
5. That any and all exceptions to the General Terms or Conditions of this proposal have been noted in writing in this proposal response, and that no other exceptions to the General Terms or Conditions will be claimed, and
6. That if any part of this proposal is accepted, he/she will satisfy the requirements identified in this Proposal Invitation related to (1) the submission of product information in electronic form for inclusion on the electronic catalog(s), (2) conducting business with Cooperative members and eligible nonprofit entities electronically, and (3) **payment of a service fee in the amount of 2% of the dollar amount of purchase orders generated from any contract awarded under this Proposal Invitation.**
7. It is the intent of the Cooperative to allow member entities to seek quotes through the Buyboard from awarded vendors to achieve quantity discounts.
8. Pricing is guaranteed to be the best offered by the vendor to similar customers.
9. Awarded proposals will not be active on the BuyBoard until price sheets or catalogs are submitted in the proper format to be posted to the BuyBoard.

\_\_\_\_\_  
Name of Proposing Company

\_\_\_\_\_  
Date

\_\_\_\_\_  
STREET Address

\_\_\_\_\_  
Signature of Authorized Company Official

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Printed Name of Authorized Company Official

\_\_\_\_\_  
Telephone Number of Authorized Company Official

\_\_\_\_\_  
Position or Title of Authorized Company Official

\_\_\_\_\_  
Fax Number of Authorized Company Official

\_\_\_\_\_  
Federal ID Number

**RETURN THIS DOCUMENT (Forms A – K) IN SEALED PROPOSAL PACKAGE**



# VENDOR PURCHASE ORDER, RFQ, AND INVOICE RECEIPT OPTIONS

To help us ensure you receive orders from cooperative members in a timely manner, please indicate below the method of order transmission that you would prefer. Please complete this form and return it with your Invitation to Proposal. Orders will be available through one of two options:

Option 1: **Internet.** Vendors will need to have Internet access available to them and preferable an e-mail addresses so that notification of new orders can be sent to the Internet contact when a new purchase order arrives. An information guide will be provided to those vendors who choose this option to assist them with retrieving their orders.

Option 2: **Fax.** Vendors will need to have a designated fax line available at all times to receive purchase orders.

**Company:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Please choose only one of the following options for receipt of purchase orders:**

I plan to use the Internet to retrieve purchase orders.  
E-mail Address: \_\_\_\_\_  
Internet Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Alternate E-mail Address: \_\_\_\_\_  
Alternate Internet Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I plan to receive purchase orders via fax.  
Fax Number: \_\_\_\_\_  
Fax Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please indicate the e-mail address for receipt of RFQ (Request for Quotes):**

E-mail Address: \_\_\_\_\_  
Alternate E-mail Address: \_\_\_\_\_

**Please indicate the address and contact for receipt of invoices:**

As part of any contract arising from this proposal, your company will be billed the two per cent (2%) service fee monthly. Please provide the following information regarding receipt of invoices that will be sent to your company for the fee:

**Mailing address:** \_\_\_\_\_ **Department:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**If you would prefer to receive invoices via e-mail, indicate e-mail address for invoices:** \_\_\_\_\_



## FELONY CONVICTION DISCLOSURE STATEMENT

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (1), 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 has been convicted of a felony. A 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.

- My firm is a publicly-held corporation; therefore, this reporting requirement is not applicable.
- My firm is not owned or operated by anyone who has been convicted of a felony.
- My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:
  - 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony conviction has been reviewed by me and the following information furnished is true to the best of my knowledge.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature of Authorized Company Official



## OUT OF STATE CERTIFICATION

As defined by Texas House Bill 602, a “nonresident proposer” means a proposer 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 Proposer”:

\_\_\_\_\_  
Company Name

---

I certify that my company qualifies as a “Nonresident Proposer”  
( NOTE: You must furnish the following information: )

Indicate the following information for your “Resident State”:  
(The state your principal place of business is located in)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

A. Does your “resident state” require proposers whose principal place of business is in Texas to underprice proposers whose resident state is the same as yours by a prescribed amount or percentage to receive a comparable contract? (“Resident State” means the state in which the principal place of business is located.)

Yes  
 No

B. What is the prescribed amount or percentage? \$ \_\_\_\_\_ or \_\_\_\_\_ %

---

By signature below, I certify that the above is true and correct and that I am authorized by my company to make such certifications.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature of Authorized Company Official



## HISTORICALLY UNDERUTILIZED BUSINESS (HUB) CERTIFICATION

Proposing companies that have been certified as Historically Underutilized Business (HUB) entities are encouraged to indicate their HUB status when responding to this Proposal Invitation. The electronic catalogs will indicate HUB certifications for vendors that properly indicate and document their HUB certification on this form.

- I certify that my company has been certified as a Historically Underutilized Business (HUB) in the following categories: (Please check all that apply)
- Minority Owned Business**
  - Small Business**
  - Women Owned Business**

**Certificate Number:** \_\_\_\_\_

**Name of Certifying Agency:** \_\_\_\_\_

- My company has **NOT** been certified as a Historically Underutilized Business (HUB).

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature of Authorized Company Official



# DEVIATION & COMPLIANCE SIGNATURE FORM

If the undersigned proposer intends to deviate from the General Terms and Conditions or Item Specifications listed in this proposal invitation, all such deviations must be listed on this page, with complete and detailed conditions and information included or attached. The Cooperative will consider any deviations in its proposal award decisions, and the Cooperative reserves the right to accept or reject any proposal based upon any deviations indicated below or in any attachments or inclusions.

In the absence of any deviation entry on this form, the proposer assures the Cooperative of their full compliance with the General Terms and Conditions, Item Specifications, and all other information contained in this Proposal Invitation.

- No Deviations
- Yes Deviations

List any deviations your company is submitting below:

---



---



---

### PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Delivery Terms:  FOB Destination (freight included in price)  FOB Shipping Point (**deviation to specs**)
  2. Shipping Via:  Common Carrier  Company Truck  Other: \_\_\_\_\_
  4. Payment Terms:  Net 30 days  1% in 10/Net 30 days  Other: \_\_\_\_\_
  5. Number of Days for Delivery: \_\_\_\_\_ ARO
  6. Vendor Reference/Quote Number: \_\_\_\_\_ 342-10 \_\_\_\_\_
  7. State your return policy: \_\_\_\_\_
- 
8. Are electronic payments acceptable to your company:  Yes  No

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature of Authorized Company Official



## DEALERSHIP LISTINGS

If your company has more than one location that will be servicing this contract, please list each location below. If additional sheets are required, please duplicate this form as necessary.

(Please Print)

---

Company Name

---

Address

---

City

---

State

---

Zip

---

Phone Number

---

Fax Number

---

Contact Person

---

Company Name

---

Address

---

City

---

State

---

Zip

---

Phone Number

---

Fax Number

---

Contact Person



# REGIONAL SERVICE DESIGNATION

**The Local Government Purchasing Cooperative will assume that you will service cooperative members statewide unless you designate otherwise using this form!**

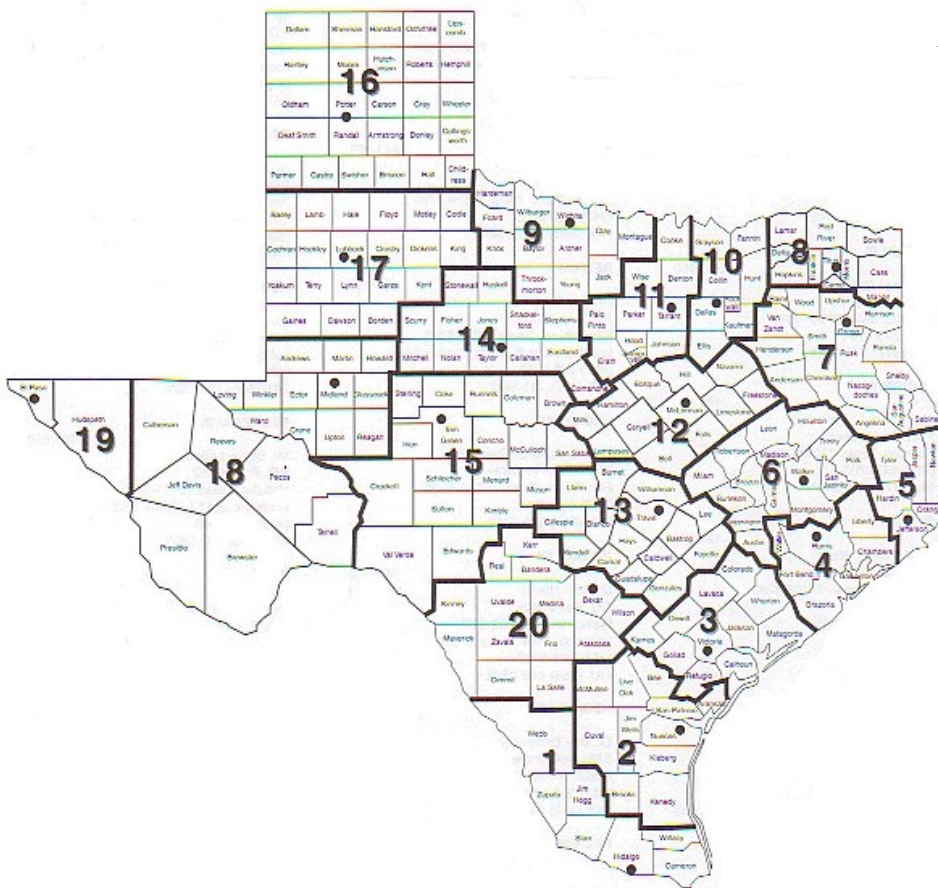
The Local Government Purchasing Cooperative (Cooperative) offers vendors the opportunity to service cooperative members statewide. If you do not plan to service all members of the cooperative statewide, you **MUST** indicate your intention by checking the specific regions you wish to serve on the checklist below.

**Reminder:** The Cooperative also assumes that you have included the cost of freight in your quoted price and that you will serve members statewide or in the specific regions you have checked without any additional charge for freight. If your quoted price does not include freight, or if you intend to charge additional freight for service to any region, you must specify and describe the freight terms as an exception to the terms and conditions on your Deviation//Compliance Signature Form.

## Regional Education Service Centers

I plan to service all members of the cooperative statewide.

Place an "X" in the Boxes next to the regions you wish to service if you are not going to service the contract statewide.



- | <u>Region</u>            | <u>Headquarters</u> |
|--------------------------|---------------------|
| <input type="checkbox"/> | 1 Edinburg          |
| <input type="checkbox"/> | 2 Corpus Christi    |
| <input type="checkbox"/> | 3 Victoria          |
| <input type="checkbox"/> | 4 Houston           |
| <input type="checkbox"/> | 5 Beaumont          |
| <input type="checkbox"/> | 6 Huntsville        |
| <input type="checkbox"/> | 7 Kilgore           |
| <input type="checkbox"/> | 8 Mount Pleasant    |
| <input type="checkbox"/> | 9 Wichita Falls     |
| <input type="checkbox"/> | 10 Richardson       |
| <input type="checkbox"/> | 11 Fort Worth       |
| <input type="checkbox"/> | 12 Waco             |
| <input type="checkbox"/> | 13 Austin           |
| <input type="checkbox"/> | 14 Abilene          |
| <input type="checkbox"/> | 15 San Angelo       |
| <input type="checkbox"/> | 16 Amarillo         |
| <input type="checkbox"/> | 17 Lubbock          |
| <input type="checkbox"/> | 18 Midland          |
| <input type="checkbox"/> | 19 El Paso          |
| <input type="checkbox"/> | 20 San Antonio      |

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature of Authorized Company Official



## STATE SERVICE DESIGNATION

The Local Government Purchasing Cooperative (Cooperative) offers vendors the opportunity to service other governmental entities in the continental United States. If you do not wish to service the entire continental United States, you **MUST** indicate your intentions using the checklist provided below.

**REMINDER:** You can cite exceptions to the terms and conditions on your Deviation/Compliance Signature Form to control additional freight in other states. **Check the states you wish to serve:**

- |  |   |
|--|---|
| <input type="checkbox"/> Alabama   | <input type="checkbox"/> Nebraska       |
| <input type="checkbox"/> Arizona   | <input type="checkbox"/> Nevada         |
| <input type="checkbox"/> Arkansas  | <input type="checkbox"/> New Hampshire  |
| <input type="checkbox"/> California (Public Contract Code 20118 & 20652) | <input type="checkbox"/> New Jersey     |
| <input type="checkbox"/> Colorado  | <input type="checkbox"/> New Mexico     |
| <input type="checkbox"/> Connecticut                                     | <input type="checkbox"/> New York       |
| <input type="checkbox"/> Delaware  | <input type="checkbox"/> North Carolina |
| <input type="checkbox"/> District of Columbia                            | <input type="checkbox"/> North Dakota   |
| <input type="checkbox"/> Florida   | <input type="checkbox"/> Ohio           |
| <input type="checkbox"/> Georgia   | <input type="checkbox"/> Oklahoma       |
| <input type="checkbox"/> Idaho   | <input type="checkbox"/> Oregon         |
| <input type="checkbox"/> Illinois  | <input type="checkbox"/> Pennsylvania   |
| <input type="checkbox"/> Indiana   | <input type="checkbox"/> Rhode Island   |
| <input type="checkbox"/> Iowa  | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Kansas  | <input type="checkbox"/> South Dakota   |
| <input type="checkbox"/> Kentucky  | <input type="checkbox"/> Tennessee      |
| <input type="checkbox"/> Louisiana                                       | <input type="checkbox"/> Utah           |
| <input type="checkbox"/> Maine   | <input type="checkbox"/> Vermont        |
| <input type="checkbox"/> Maryland  | <input type="checkbox"/> Virginia       |
| <input type="checkbox"/> Massachusetts                                   | <input type="checkbox"/> Washington     |
| <input type="checkbox"/> Michigan  | <input type="checkbox"/> West Virginia  |
| <input type="checkbox"/> Minnesota                                       | <input type="checkbox"/> Wisconsin      |
| <input type="checkbox"/> Mississippi                                     | <input type="checkbox"/> Wyoming        |
| <input type="checkbox"/> Missouri  |   |
| <input type="checkbox"/> Montana   |   |

I plan to service all states listed

This State Service Designation form will be used to ensure that you can service other governmental entities throughout the continental United States. Please sign to indicate that you understand your service commitments during the term of this contract.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature of Authorized Company Official



# CONTRACT & PRICE/DISCOUNT COMPARISON FORM

The Local Government Purchasing Cooperative strives to provide its members with the best services and products at the best prices available. The Cooperative determines whether prices/discounts are fair and reasonable by comparing prices/discounts stated in this proposal with prices/discounts offered to other governmental customers. Please respond to the following questions.

1. Provide the dollar value of sales to government entities at or based on an established catalog or market price during the previous 12-month period or the last fiscal year: \$\_\_\_\_\_. State beginning and ending of the 12 month period. \_\_\_\_/\_\_\_\_. In the event that a dollar value is not an appropriate measure of the sales, provide and describe your own measure of the sales of the item(s).
2. Based on your written discounting policies are the discounts which you offer the Cooperative equal to or better than your best price offered to any customer acquiring the same items regardless of quantity or terms and conditions? YES  NO .
3. Based on your written discounting policies, provide information as requested for other governmental customers. The information should be provided in the chart below or in an equivalent format. Rows should be added to accommodate as many customers as required.

<u>Purchasing Group</u>	<u>Discount</u>	<u>Quantity/Volume</u>	<u>FOB Term</u>
1. Federal General Services Adm.			
2. TX Building & Procurement Comm.			
3. U.S. Communities Purchasing Alliance			
4. The Cooperative Purchasing Network			
5. Houston-Galveston Area Council			
6. Other:			

MY COMPANY DOES NOT CURRENTLY HAVE ANY OF THE ABOVE OR SIMILAR TYPE CONTRACTS.

### CURRENT BUYBOARD VENDORS:

For all current Buyboard vendors, indicate below discount for current Buyboard contract, the proposed discount in this proposal and if any difference, please explain:

**Current Discount:** \_\_\_\_\_ **Proposed Discount:** \_\_\_\_\_  
**Explanation:** \_\_\_\_\_

By signature below, I certify that the above is true and correct and that I am authorized by my company to make such certifications.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature of Authorized Company Official



## REFERENCE & PRICE/DISCOUNT INFORMATION

**PART I:** For proposal response to be considered each vendor must supply a minimum of five (5) references, preferably governmental entities in Texas. Please fill out all of the following information including existing price/discounts offered to each customer. The Cooperative determines whether prices/discounts are fair and reasonable by comparing prices/discounts stated in this proposal with prices/discounts offered to other governmental customers.

<u>Entity Name</u>	<u>Contact</u>	<u>Phone#</u>	<u>Discount</u>	<u>Quantity/ Volume</u>	<u>FOB Term</u>
--------------------	----------------	---------------	-----------------	-----------------------------	-----------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Attach sheet(s) as necessary

Do any deviations from your written policies or standard governmental sales practices disclosed in the above chart ever result in better discounts (lower prices) than indicated? **YES**  **NO** . If YES, explain deviations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PART II:** For proposal response to be considered each vendor must submit their marketing strategy if awarded this proposal or a portion thereof. (Example: how will your company inform the Buyboard membership of your company’s contract with the Buyboard initially and how will your company continue to support the Buyboard for the duration of the contract period?) (Attach additional pages if necessary.)

By signature below, I certify that the above is true and correct and that I am authorized by my company to make such certifications.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature of Authorized Company Official



12007 Research Boulevard, Austin, Texas 78759-2439  
Phone: 800-695-2919 Fax: 800-211-5454

---

---

## 1. Forms Checklist

- Completed - Notice Proposal Invitation – Form A
- Completed – Vendor Purchase Order, RFQ, and Invoice Receipt Options – Form B
- Completed – Felony Convictions Disclosure Statement – Form C
- Completed – Out of State Certification Page – Form D
- Completed – Historically Underutilized Business (HUB) - Form E
- Completed – Deviations/Compliance Signature Page – Form F
- Completed – Dealerships Listing – Form G
- Completed – Regional Service Area Designation – Form H
- Completed – State Service Designation – Form I
- Completed - Contract and Price/Discount Comparison Form – Form J
- Completed – Reference & Price/Discount Information - Form K
- Completed – Proposal Forms and Catalogs/Pricelists