

RFQ 3064

Submitted by:

Valley Propane Service

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NOT APPLICABLE

PART II

1. TITLE PAGE
2. ATTACHMENT A – CONFIDENTIALITY & CERTIFICATION OF INDEMNIFICATION
 - STATE OF NEVADA VENDOR REGISTRATION
 - W-9 FORM

VENDOR INFORMATION SHEET FOR RFQ 3064

Vendor Must:

- A) Provide all requested information in the space provided next to each numbered question. The information provided in Sections V1 through V6 will be used for development of the contract;
- B) Type or print responses; and
- C) Include this Vendor Information Sheet in Tab III of the Technical Proposal.

V1	Company Name	FGF INC DBA VALLEY Propane Service
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V2	Street Address	501 D ST
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V3	City, State, ZIP	HAWTHORNE NV 89415
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V4	Telephone Number	
	Area Code:	Number: 775-945-5094

V5	Facsimile Number	
	Area Code:	Number: 775-945-2915

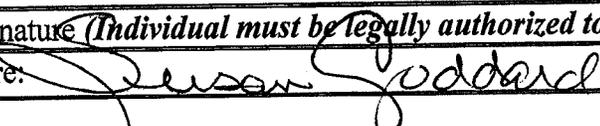
V6	Toll Free Number	
	Area Code:	Number: N/A

V7	Contact Person for Questions / Contract Negotiations, including address if different than above	
	Name: Misty LOVE	
	Title: Office Manager	
	Address: PO Box 1090 Hawthorne, NV 89415	
Email Address: valleypropane@att.net		

V8	Telephone Number for Contact Person	
	Area Code:	Number: 775-945-5094

V9	Facsimile Number for Contact Person	
	Area Code:	Number: 775-945-2915

V10	Name of Individual Authorized to Bind the Organization	
	Name: SUSAN Goddard	Title: OWNER/Operator

V11	Signature (Individual must be legally authorized to bind the vendor per NRS 333.337)	
	Signature: 	Date: 03/1/14

6. COMPANY BACKGROUND AND REFERENCES

6.1 VENDOR INFORMATION

6.1.1 Vendors must provide a company profile in the table format below.

Question	Response
Company name:	FGF, INC. dba VALLEY PROPANE SERV.
Ownership (sole proprietor, partnership, etc.):	PARTNERSHIP
State of incorporation:	NV
Date of incorporation:	JAN. 1998
# of years in business:	16
List of top officers:	GARY GODDARD, RUDY FORESTER
Location of company headquarters:	GABBS, HAWTHORNE, TONOPAH, NV
Location(s) of the company offices:	SAME AS ABOVE
Location(s) of the office that will provide the services described in this RFQ:	GABBS, NV
Number of employees locally with the expertise to support the requirements identified in this RFQ:	5
Number of employees nationally with the expertise to support the requirements in this RFQ:	0
Location(s) from which employees will be assigned for this project:	GABBS, NV

6.1.2 **Please be advised**, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state must register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.

6.1.3 The selected vendor, prior to doing business in the State of Nevada, must be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS76. Information regarding the Nevada Business License can be located at <http://sos.state.nv.us>.

Question	Response
Nevada Business License Number:	NV19981115762
Legal Entity Name:	FGF, INC.

Is "Legal Entity Name" the same name as vendor is doing business as?

Yes		No	X
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If "No", provide explanation. dba VALLEY PROPANE SERVICE

6.1.4 Vendors are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal

submittal. Proposals that do not contain the requisite licensure may be deemed non-responsive.

6.1.5 Has the vendor ever been engaged under contract by any State of Nevada agency?

Yes		No	<input checked="" type="checkbox"/>
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NOT FOR BULK FUEL DELIVERIES

If "Yes", complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

Question	Response
Name of State agency:	
State agency contact name:	
Dates when services were performed:	
Type of duties performed:	
Total dollar value of the contract:	

6.1.6 Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

Yes		No	<input checked="" type="checkbox"/>
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If "Yes", please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?

If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person will be performing or producing the services which you will be contracted to provide under this contract, you must disclose the identity of each such person in your response to this RFQ, and specify the services that each person will be expected to perform.

6.1.7 Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFQ must also be disclosed. Does any of the above apply to your company?

Yes		No	<input checked="" type="checkbox"/>
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If "Yes", please provide the following information. Table can be duplicated for each issue being identified.

Question	Response
Date of alleged contract failure or	

Question	Response	
breach:		
Parties involved:		
Description of the contract failure, contract breach, or litigation, including the products or services involved:		
Amount in controversy:		
Resolution or current status of the dispute:		
If the matter has resulted in a court case:	Court	Case Number
Status of the litigation:		

- 6.1.8 Vendors must review the insurance requirements specified in *Attachment E, Insurance Schedule for RFQ 3064*. Does your organization currently have or will your organization be able to provide the insurance requirements as specified in *Attachment E*.

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
-----	-------------------------------------	----	--------------------------

Any exceptions and/or assumptions to the insurance requirements *must* be identified on *Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP*. Exceptions and/or assumptions will be taken into consideration as part of the evaluation process; however, vendors must be specific. If vendors do not specify any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Upon contract award, the successful vendor *must* provide the Certificate of Insurance identifying the coverages as specified in *Attachment E, Insurance Schedule for RFP 3064*.

- 6.1.9 Company background/history and why vendor is qualified to provide the services described in this RFQ. Limit response to no more than five (5) pages.
- 6.1.10 Length of time vendor has been providing services described in this RFQ to the public and/or private sector. Please provide a brief description.
- 6.1.11 Financial information and documentation to be included in Part III, Confidential Financial of vendor's response in accordance with *Section 12.4, Part II – Confidential Financial*.
- 6.1.11.1 Dun and Bradstreet Number
- 6.1.11.2 Federal Tax Identification Number

6.2 SUBCONTRACTOR INFORMATION

6.2.1 Does this proposal include the use of subcontractors, excluding the use of common carriers registered with a valid SCAC?

Yes		No	<input checked="" type="checkbox"/>
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If "Yes", vendor must:

- 6.2.1.1 Identify specific subcontractors and the specific requirements of this RFQ for which each proposed subcontractor will perform services.
- 6.2.1.2 If any tasks are to be completed by subcontractor(s), vendors must:
- A. Describe the relevant contractual arrangements;
 - B. Describe how the work of any subcontractor(s) will be supervised, channels of communication will be maintained and compliance with contract terms assured; and
 - C. Describe your previous experience with subcontractor(s).
- 6.2.1.3 Vendors must describe the methodology, processes and tools utilized for:
- A. Selecting and qualifying appropriate subcontractors for the project/contract;
 - B. Ensuring subcontractor compliance with the overall performance objectives for the project;
 - C. Ensuring that subcontractor deliverables meet the quality objectives of the project/contract; and
 - D. Providing proof of payment to any subcontractor(s) used for this project/contract, if requested by the State. Proposal should include a plan by which, at the State's request, the State will be notified of such payments.
- 6.2.1.4 Provide the same information for any proposed subcontractors as requested in **Section 6.1, Vendor Information**.
- 6.2.1.5 Business references as specified in **Section 6.3, Business References** must be provided for any proposed subcontractors.
- 6.2.1.6 Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor.
- 6.2.1.7 Vendor must notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide

**ATTACHMENT B – TECHNICAL PROPOSAL CERTIFICATION OF COMPLIANCE
WITH TERMS AND CONDITIONS OF RFQ**

I have read, understand and agree to comply with the terms and conditions specified in this Request for Qualifications.

YES S.g. I agree to comply with the terms and conditions specified in this RFQ.

NO _____ I do not agree to comply with the terms and conditions specified in this RFQ.

In order for any exceptions and/or assumptions to be considered they **MUST** be documented in detail in the tables below. The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission deadline. Vendors must be specific. Nonspecific exceptions or assumptions may not be considered. If the exception or assumption requires a change in the terms or wording of the contract, the scope of work, or any incorporated documents, vendors must provide the specific language that is being proposed in the tables below.

F.G.F. INC DBA Valley Propane Service
Company Name

Susan Guddard
Signature

SUSAN GUDDARD
Print Name

04/23/14
Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

RFQ SECTION NUMBER	RFQ PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)

ASSUMPTION SUMMARY FORM

RFQ SECTION NUMBER	RFQ PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)

This document must be submitted in Tab V of vendor's technical proposal

Post this Permit in a Visible
Area at All Times



Post this Permit in a Visible
Area at All Times

NEVADA STATE FIRE MARSHAL

Hazardous Materials Permit

PERMIT NUMBER

31713

VALLEY PROPANE SERVICE

620 BRUCITE STREET

GABBS, NV 89409

FDID NUMBER

13000

VALLEY PROPANE SERVICE

620 Brucite Street

GABBS, NV 89409

2014

Expires February 28, 2015

Patricia Spaulding

Nevada State Fire
Marshal



THIS PERMIT DOES NOT MEET LOCAL FEE REQUIREMENTS * PLEASE KEEP PERMIT AVAILABLE ON SITE
CHANGES IN INFORMATION OR MATERIALS SHALL BE REPORTED WITHIN 90 DAYS

Southern Nevada Office
2310 Corporate Circle, Suite 200
Henderson, Nevada 89074
(702) 486-1100

Northern Nevada Office
9670 Gateway Drive, Suite 100
Reno, Nevada 89521
(775) 688-1141

STATE CONTRACTORS BOARD

The Nevada State Contractors Board certifies that

VALLEY PROPANE SERVICE

Licensed since December 19, 2007

License No. 0070027

Is duly licensed as a contractor in the following classification(s):

PRINCIPALS:

GARY THOMAS GODDARD, President
SUSAN LYNN GODDARD, Secretary
RUDOLPH JOSEPH FORSTER, Treasurer
DOROTHY JEAN FORSTER, Director

C38-EQUIPMENT USED FOR LP, NATURAL GAS

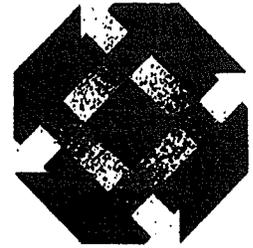
LIMIT: \$10,000
EXPIRES: 12/31/2014



Chairman, Nevada State Contractors Board



Alliance for Uniform Hazmat Transportation Procedures Uniform Program Credentials



**ALLIANCE
FOR UNIFORM
HAZMAT
TRANSPORTATION
PROCEDURES**

VALLEY PROPANE SERVICE
PO BOX 87
GABBS, NV 89409

USDOT Census #: 889042

ICC #:

EPA Transporter ID #:

Intrastate Motor Carrier #:

Telephone number to call in case of accident or emergency: 775-285-4094

Uniform Program #: UPM-889042-NV

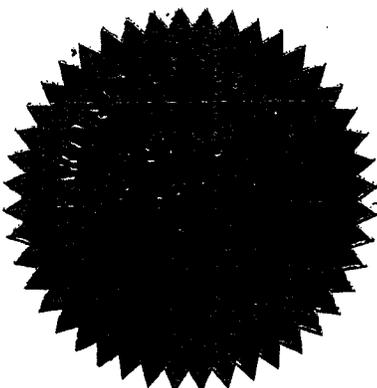
Certified by: *J. John Budden*

Registration Issued: January 9, 2014

Registration Expiration: March 31, 2015

Issuing Agency: Nevada Highway Patrol

Agency Telephone Number: 775-684-4622



NON-TRANSFERABLE

LICENSE

No. 1-4096-01

Expires the last day of July, 2014

Nevada Board for the Regulation of Liquefied Petroleum Gas
P.O. Box 338, Carson City, NV 89702 • 775.687.4890 • www.lpg.nv.gov • admin@lpg.nv.gov

This is to certify that:

**Valley Propane
620 Brucite
Gabbs, NV 89409**

Has been approved by the Board to hold a:

Class 1B License

Sections 590.465 to 590.645, inclusive, of the Nevada Revised Statutes. This license may be revoked at any time, for cause, by a majority vote of the Board.

POST CONSPICUOUSLY



Chief Inspector – Eric C. Smith

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

FGF, INC.

Nevada Business Identification # NV19981115762

Expiration Date: January 31, 2015

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

This license shall be considered valid until the expiration date listed above unless suspended or revoked in accordance with Title 7 of Nevada Revised Statutes.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 19, 2013



ROSS MILLER
Secretary of State

This document is not transferable and is not issued in lieu of any locally-required business license, permit or registration.

Please Post in a Conspicuous Location

**You may verify this Nevada State Business License
online at www.nvsos.gov under the Nevada Business Search.**

**UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2013-2016**

Registrant: FGF INC DBA VALLEY PROPANE SERVICES
Attn: GARY GODDARD
PO BOX 87
GABBS, NV 89409

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 022014 550 003VX Issued: 02/20/2014 Expires: 06/30/2016
HM Company ID: 055572

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

HAZARDOUS MATERIAL SHIPPING PAPER

UN1075
PROPANE
2.1
NONCORROSIVE

TOTAL QUANTITY

1 Cargo Tank

EMERGENCY CONTACT: PERS 1-800-633-8253

VALLEY PROPANE SERVICE
620 BRUCHE ST
GABBS, NV 89409

Expires: 01/14/2015

Cust # 2169-0001

Date

01/10/14

Refer to the back of this card for
EMERGENCY RESPONSE INFORMATION / ERG - GUIDE 115

ATTENTION DOT and Law Enforcement Officers:
Call 1-800-633-8253 to verify authorized use of this emergency number.

Revised 11/10

Valley Propane Service

Serving Central Nevada Since 1954
P.O. Box 87 Gabbs, Nevada 89409
(775) 285-4094

3.1 Minimum Qualifications

3.2.4 – District III

Austin – Jct. of SR-305 & US 50

3.2.5 – Delivery of LP Gas (propane 1075)

Valley Propane Service

Serving Central Nevada Since 1954
P.O. Box 87 Gabbs, Nevada 89409
(775) 285-4094

FGF, Inc. was purchased on January 1, 1998. Gary Goddard and Rudy Forester, partners, kept the existing name of Valley Propane Service. Mr. Goddard and his family moved to Gabbs, to run the operation. Since purchasing, Valley Propane, now has offices in Hawthorne, NV and Tonopah, NV.

Valley Propane is qualified for the delivery of propane, based on the licensing that we hold, more than 50 years combined experience between the owner and the employees. We also, hold the contracts for Mineral County, Esmeralda County School District, Mineral County School District and SOC, to name just a few. Valley Propane has also been delivering to the NDOT yard in Austin, NV since February 21, 2012.

Valley Propane holds the following licensing:

State of Nevada Business

Nevada Board for the Regulation of LP Gas

State of Nevada for Certificate of Competency

State of Nevada Contractors (#0070027)

All employees are CEPT certified

As stated above, FGF, Inc., dba Valley Propane Service has been in business since January 1998. We have been providing LP gas deliveries since this date.

Dun & Bradstreet Number: 03-492-6352

Federal Employer Identification Number: 88-0382147

the information originally requested in the RFQ in *Section 6.2, Subcontractor Information*. The vendor must receive agency approval prior to subcontractor commencing work.

6.3 BUSINESS REFERENCES

6.3.1 Vendors should provide a minimum of three (3) business references from similar projects performed for private, state and/or large local government clients within the last three (3) years.

6.3.2 Vendors must provide the following information for every business reference provided by the vendor and/or subcontractor:

The "Company Name" must be the name of the proposing vendor or the vendor's proposed subcontractor.

Reference #:	001		
Company Name:	VALLEY PROPANE SERVICE		
<i>Identify role company will have for this RFQ project (check one):</i>			
	<i>VENDOR</i>		<i>SUBCONTRACTOR</i>
Project Name:			
Primary Contact Information			
Name:	Mineral County - CATHY		
Street Address:	300 0 St		
City, State, Zip	Hawthorne Nv 89415		
Phone, including area code:	775-945-3897		
Facsimile, including area code:			
Email address:	mcpubliworks@att.net		
Alternate Contact Information			
Name:			
Street Address:			
City, State, Zip			
Phone, including area code:			
Facsimile, including area code:			
Email address:			

6.3.3 Vendors must also submit Attachment F, Reference Questionnaire to the business references that are identified in *Section 6.3.2*.

6.3.4 The company identified as the business references must submit the Reference Questionnaire directly to the Purchasing Division.

the information originally requested in the RFQ in **Section 6.2, Subcontractor Information**. The vendor must receive agency approval prior to subcontractor commencing work.

6.3 BUSINESS REFERENCES

- 6.3.1 Vendors should provide a minimum of three (3) business references from similar projects performed for private, state and/or large local government clients within the last three (3) years.
- 6.3.2 Vendors must provide the following information for every business reference provided by the vendor and/or subcontractor:

The "Company Name" must be the name of the proposing vendor or the vendor's proposed subcontractor.

Reference #:	002		
Company Name:	Valley Propane Service		
<i>Identify role company will have for this RFQ project (check one):</i>			
	<i>VENDOR</i>		<i>SUBCONTRACTOR</i>
Project Name:			
Primary Contact Information			
Name:	S.O.C. - TAMMY HARRINGTON		
Street Address:	Hwy 95		
City, State, Zip	HAWTHORNE, NV 89415		
Phone, including area code:	775-945-7429		
Facsimile, including area code:	775-945-7430		
Email address:	tammy.harrington@dzhc.net		
Alternate Contact Information			
Name:			
Street Address:			
City, State, Zip			
Phone, including area code:			
Facsimile, including area code:			
Email address:			

- 6.3.3 Vendors must also submit **Attachment F, Reference Questionnaire** to the business references that are identified in **Section 6.3.2**.
- 6.3.4 The company identified as the business references must submit the Reference Questionnaire directly to the Purchasing Division.

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6.3.2 Vendors must provide the following information for every business reference provided by the vendor and/or subcontractor:

The "Company Name" must be the name of the proposing vendor or the vendor's proposed subcontractor.

Reference #:	003		
Company Name:	VALLEY PROPANE SERVICE		
<i>Identify role company will have for this RFQ project (check one):</i>			
	<i>VENDOR</i>		<i>SUBCONTRACTOR</i>
Project Name:			
Primary Contact Information			
Name:	E.C.S.D. - ANABEL GUERRERO		
Street Address:	PO BOX 129		
City, State, Zip	DYER, NY 89010		
Phone, including area code:	775-572-3250		
Facsimile, including area code:	775-572-3310		
Email address:	finance@esmeralda.k12.ny.us		
Alternate Contact Information			
Name:			
Street Address:			
City, State, Zip			
Phone, including area code:			
Facsimile, including area code:			
Email address:			

6.3.3 Vendors must also submit Attachment F, Reference Questionnaire to the business references that are identified in *Section 6.3.2*.

6.3.4 The company identified as the business references must submit the Reference Questionnaire directly to the Purchasing Division.

ATTACHMENT C – VENDOR CERTIFICATIONS

Vendor agrees and will comply with the following:

- (1) Any and all prices that may be charged under the terms of the contract do not and will not violate any existing federal, State or municipal laws or regulations concerning discrimination and/or price fixing. The vendor agrees to indemnify, exonerate and hold the State harmless from liability for any such violation now and throughout the term of the contract.
- (2) All proposed capabilities can be demonstrated by the vendor.
- (3) The price(s) and amount of proposal will be arrived independently and without consultation, communication, agreement or disclosure with or to any other contractor, vendor or potential vendor.
- (4) All proposal terms, will remain in effect for a minimum of 180 days after the proposal due date. In the case of the awarded vendor, all proposal terms, will remain in effect throughout the contract negotiation process.
- (5) No attempt has been made at any time to induce any firm or person to refrain from proposing or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal. All proposals must be made in good faith and without collusion.
- (6) All conditions and provisions of this RFQ are deemed to be accepted by the vendor and incorporated by reference in the proposal, except such conditions and provisions that the vendor expressly excludes in the proposal. Any exclusion must be in writing and included in the proposal at the time of submission.
- (7) Each vendor must disclose any existing or potential conflict of interest relative to the performance of the contractual services resulting from this RFQ. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting a proposal in response to this RFQ, vendors affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of a vendor's proposal. An award will not be made where a conflict of interest exists. The State will determine whether a conflict of interest exists and whether it may reflect negatively on the State's selection of a vendor. The State reserves the right to disqualify any vendor on the grounds of actual or apparent conflict of interest.
- (8) All employees assigned to the project are authorized to work in this country.
- (9) The company has a written equal opportunity policy that does not discriminate in employment practices with regard to race, color, national origin, physical condition, creed, religion, age, sex, marital status, sexual orientation, developmental disability or handicap.
- (10) The company has a written policy regarding compliance for maintaining a drug-free workplace.
- (11) Vendor understands and acknowledges that the representations within their proposal are material and important, and will be relied on by the State in evaluation of the proposal. Any vendor misrepresentations shall be treated as fraudulent concealment from the State of the true facts relating to the proposal.
- (12) Vendor must certify that any and all subcontractors comply with Sections 7, 8, 9, and 10, above.
- (13) The proposal must be signed by the individual(s) legally authorized to bind the vendor per NRS 333.337.

F.G.F. Inc DBA Valley Propane Service
Vendor Company Name

Susan Godard
Vendor Signature

Susan Godard
Print Name

04/23/14
Date

This document must be submitted in Tab IV of vendor's technical proposal



INSURANCE BINDER

OP ID: SE

DATE (MM/DD/YYYY)

05/29/2012

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY Risk Management Ins. Svcs. 601 South 51st St., Ste. 101 Phoenix, AZ 85044-1741 Bruce Thompson		COMPANY North River Insurance Company		BINDER # 1779	
PHONE (A/C, No, Ext): 480-893-8228		FAX (A/C, No): 480-598-3554		EXPIRATION DATE TIME	
SUB CODE:		06/01/12 12:01		07/01/12 12:01 AM	
AGENCY CUSTOMER ID: FGFIN-1		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #5068706148			
INSURED FGF, Inc. dba Valley Propane PO Box 87 Gabbs NV 89409		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Locations & vehicles on file			

COVERAGES	COVERAGE/FORMS	LIMITS		
		DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC		1000	90	
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$ 1,000,000
		DAMAGE TO RENTED PREMISES		\$ 100,000
		MED EXP (Any one person)		\$ 5,000
		PERSONAL & ADV INJURY		\$ 1,000,000
		GENERAL AGGREGATE		\$ 2,000,000
		PRODUCTS - COMP/OP AGG		\$ 2,000,000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS90 endt <input checked="" type="checkbox"/> CA9948 endt	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT		\$ 1,000,000
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$ 5,000
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$ 30,000
				\$
AUTO PHYSICAL DAMAGE <input checked="" type="checkbox"/> COLLISION: Vrs <input checked="" type="checkbox"/> OTHER THAN COL: Vrs	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES	<input checked="" type="checkbox"/> ACTUAL CASH VALUE		
		STATED AMOUNT		\$
		OTHER		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
		FEEES		\$
		TAXES		\$
SPECIAL CONDITIONS/ OTHER COVERAGES		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE <i>F. [Signature]</i>	

MATERIAL SAFETY DATA SHEET FOR ODORIZED PROPANE

SECTION 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

Product Name: Odorized Commercial Propane
Chemical Name: Propane
Chemical Family: Paraffinic Hydrocarbon
Formula: C₃H₈
Synonyms: Dimethylmethane, LP-Gas, Liquefied Petroleum Gas (LPG), Propane, Propyl Hydride

Supplier: Turner Gas Co. 2825 South 500 West Salt Lake City, UT 84104	Transportation Emergency Number: 1-800-633-8253 (PERS)	For Routine Info, Call: 801-973-6886
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SECTION 2 - COMPOSITION, INFORMATION ON INGREDIENTS

INGREDIENT NAME / CAS NUMBER	PERCENTAGE
Propane / 74-98-6.....	87.5-100
Ethane / 74-84-0.....	0-5.0
Propylene / 115-07-1.....	0-10.0
Butanes / various.....	0-2.5
Ethyl Mercaptan / 75-08-1.....	16-25 ppm

SECTION 3 - HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW

NFPA RATINGS (Scale 0-4): Health=1 Fire=4 Reactivity=0

DANGER! Flammable liquefied gas under pressure. Keep away from heat, sparks, flame, and all other ignition sources. Vapor replaces oxygen available for breathing and may cause suffocation in confined spaces. Use only with adequate ventilation. Odor may not provide adequate warning of potentially hazardous concentrations. Vapor is heavier than air. Liquid can cause freeze burn similar to frostbite. Do not get liquid in eyes, on skin, or on clothing. Avoid breathing of vapor. Keep container valve closed when not in use.

POTENTIAL HEALTH EFFECTS INFORMATION

ROUTES OF EXPOSURE:

Inhalation: Asphyxiant. It should be noted that before suffocation could occur, the lower flammability limit of propane in air would be exceeded, possibly causing both an oxygen-deficient and explosive atmosphere. Exposure to concentrations >10% may cause dizziness. Exposure to atmospheres containing 8% - 10% or less oxygen will bring about unconsciousness without warning, and so quickly that the individuals cannot help or protect themselves. Lack of sufficient oxygen may cause serious injury or death.

Eye Contact: Contact with liquid can cause freezing of tissue.

Skin Contact: Contact with liquid can cause frostbite.

[Skin Absorption]: None.

[Ingestion]: Liquid can cause freeze burn similar to frostbite. Ingestion not expected to occur in normal use.

CHRONIC EFFECTS: None.

MEDICAL CONDITIONS AGGRAVATED BY OVEREXPOSURE: None.

OTHER EFFECTS OF OVEREXPOSURE: None.

CARCINOGENICITY: Propane is not listed by NTB, OSHA or IARC

SECTION 4 - FIRST AID MEASURES

INHALATION: Persons suffering from lack of oxygen should be removed to fresh air. If victim is not breathing, administer artificial respiration. If breathing is difficult, administer oxygen. Obtain prompt medical attention.

EYE CONTACT: Contact with liquid can cause freezing of tissue. Gently flush eyes with lukewarm water. Obtain medical attention immediately.

SKIN CONTACT: Contact with liquid can cause frostbite. Remove saturated clothes, shoes and jewelry. Immerse affected area in lukewarm water not exceeding 105° F. Keep immersed. Get prompt medical attention.

INGESTION: If swallowed, get immediate medical attention.

NOTES TO PHYSICIAN: None.

SECTION 5 - FIRE FIGHTING MEASURES

FLASH POINT: -156° F (-104° C)

AUTOIGNITION: 842° F (432° C)

IGNITION TEMPERATURE IN AIR: 920 - 1120° F

FLAMMABLE LIMITS IN AIR BY VOLUME: Lower: 2.15% Upper: 9.67%

EXTINGUISHING MEDIA: Dry chemical, CO², water spray or fog for surrounding area. Do not extinguish fire until propane source is shut off.

SPECIAL FIRE-FIGHTING INSTRUCTIONS: Evacuate personnel from danger area. Immediately cool container with water spray from maximum distance, taking care not to extinguish flames. If flames are accidentally extinguished, explosive re-ignition may occur. Where water is abundant and immediate, the fire should be allowed to burn while the container and area are cooled and the flow of propane is shut off. Where water is scarce, compare the risk of allowing the area to continue to heat from the fire and the alternative of extinguishing the fire without shutting off the propane flow, which may allow for the propane to accumulate and re-ignite explosively.

UNUSUAL FIRE AND EXPLOSION HAZARDS: Propane is easily ignited. It is heavier than air; therefore, it can collect in low areas where an ignition source can be present. Pressure in a container can build up due to heat and container may rupture if pressure relief devices should fail to function. Propane released from a properly functioning relief valve on an overheated container can also become ignited.

HAZARDOUS COMBUSTION PRODUCTS: None.

SECTION 6 - ACCIDENTAL RELEASE MEASURES

STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED: Evacuate the immediate area- Eliminate any possible sources of ignition and provide maximum ventilation. Shut off source of propane, if possible. If leaking from container, or valve, contact your supplier.

SECTION 7 - HANDLING AND STORAGE

HANDLING PRECAUTIONS: Propane vapor is heavier than air and can collect in low areas that are without sufficient ventilation. Leak-check system with a leak detector or solution, never with flame. Make certain the container service valve is shut off prior to connecting or disconnecting. If container valve does not operate properly, discontinue use and contact supplier. Never insert an object (e.g. wrench, screwdriver, pry bar, etc.) into pressure relief valve or cylinder valve cap openings. Do not drop or abuse cylinders. Never strike an arc on a gas container or make a container part of an electrical circuit. See "SECTION 16 - OTHER INFORMATION" for additional precautions.

STORAGE PRECAUTIONS: Store in a safe, authorized location (outside, detached storage is preferred) with adequate ventilation. Specific requirements are listed in NFPA 58, *Standard for the Storage and Handling of Liquefied Petroleum Gases*. Isolate from heat and ignition sources. Containers should never be allowed to reach temperature exceeding 125° F (52° C). Isolate from combustible materials. Provide separate storage locations for other compressed and flammable gases. Propane containers should be separated from oxygen cylinders, or other oxidizers, by a minimum distance of 20 feet, or by a barrier of non-combustible material at least 5 feet high having a fire rating of at least 1/2 hour. Full and empty cylinders should be segregated. Store cylinders in upright position, or with pressure relief valve in vapor space. Do not drop or abuse cylinders. Keep container valve closed and plugged or capped when not in use. Install protective caps when cylinders are not connected for use. Empty containers retain some residue and should be treated as if they were full.

SECTION 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

ENGINEERING CONTROLS

Ventilation: Provide ventilation adequate to ensure propane does not reach a flammable mixture.

RESPIRATORY PROTECTION (SPECIFY TYPE)

General Use: None.

Emergency Use: If concentrations are high enough to warrant supplied-air or self-contained breathing apparatus, then the atmosphere may be flammable. See "SECTION 5 - FIRE FIGHTING MEASURES". Appropriate precautions must be taken regarding flammability.

PROTECTIVE CLOTHING: Avoid skin contact with liquid propane because of possibility of freeze burn. Wear gloves and protective clothing which are impervious to the product for the duration of the anticipated exposure.

EYE PROTECTION: Safety glasses are recommended when handling cylinders.

OTHER PROTECTIVE EQUIPMENT: Safety shoes are recommended when handling cylinders.

SECTION 9 - PHYSICAL AND CHEMICAL PROPERTIES

BOILING POINT: @ 14.7 psia = -44° F

SPECIFIC GRAVITY OF VAPOR (Air = 1) at 60° F: 1.50

SPECIFIC GRAVITY OF LIQUID (Water = 1) at 60° F: 0.504

VAPOR PRESSURE: @ 70° F = 127 psig
@ 105° F = 210 psig

EXPANSION RATIO (From liquid to gas @ 14.7 psia): 1 to 270

SOLUBILITY IN WATER: Slight, 0.1 to 1.0%

APPEARANCE AND ODOR: A colorless and tasteless gas at normal temperature and pressure. An odorant (ethyl mercaptan) has been added to provide a strong unpleasant odor. Should a propane-air mixture reach the lower limits of flammability, the ethyl mercaptan concentration will be approximately 0.5 ppm in air.

ODORANT WARNING: Odorant is added to aid in the detection of leaks. One common odorant is ethyl mercaptan, CAS No. 75-08-01. Odorant has a foul smell. The ability of people to detect odors varies widely. Also, certain chemical reactions with material in the propane system, or fugitive propane gas from underground leaks passing through certain soils, can reduce the odor level. No odorant will be 100% effective in all circumstances. If odorant appears to be weak, notify propane supplier immediately.

SECTION 10 - STABILITY AND REACTIVITY

STABILITY: Stable.

Conditions to Avoid: Keep away from high heat, strong oxidizing agents and sources of ignition.

REACTIVITY:

Hazardous Decomposition Products: Under fire conditions, fumes, smoke, carbon monoxide, aldehydes and other decomposition products. When used as an engine fuel, incomplete combustion can cause carbon monoxide, a toxic gas.

Hazardous polymerization: Will not occur.

SECTION 11 - TOXICOLOGICAL INFORMATION

Propane is non-toxic and is a simple asphyxiant, however, it does have slight anesthetic properties and higher concentrations may cause dizziness.

[IRRITANCY OF MATERIAL]: None.

[SENSITIZATION TO MATERIAL]: None

[REPRODUCTIVE EFFECTS]: None

[TERATOGENICITY]: None

[MUTAGENICITY]: None

[SYNERGISTIC MATERIALS]: None

SECTION 12 - ECOLOGICAL INFORMATION

No adverse ecological effects are expected. Propane does not contain any Class I or Class II ozone depleting chemicals (40 CFR Part 82). Propane is not listed as a marine pollutant by DOT (49 CFR Part 171).

SECTION 13 - DISPOSAL CONSIDERATIONS

WASTE DISPOSAL METHOD: Do not attempt to dispose of residual or unused product in the container. Return to supplier for safe disposal.
Residual product within process system may be burned at a controlled rate, if a suitable burning unit (flare stack) is available on site. This shall be done in accordance with federal, state and local regulations.

SECTION 14 - TRANSPORT INFORMATION

DOT SHIPPING NAME: Liquefied Petroleum Gas

HAZARD CLASS: 2.1 (Flammable Gas)

IDENTIFICATION NUMBER: UN 1075

PRODUCT RQ: None

SHIPPING LABEL(S): Flammable gas

IMO SHIPPING NAME: Propane

PLACARD (WHEN REQUIRED): Flammable gas

IMO IDENTIFICATION NUMBER: UN 1978

SPECIAL SHIPPING INFORMATION: Container should be transported in a secure, upright position in a well-ventilated vehicle.

SECTION 15 - REGULATORY INFORMATION

The following information concerns selected regulatory requirements potentially applicable to this product. Not all such requirements are identified. Users of this product are responsible for their own regulatory compliance on a federal, state [provincial] and local level.

U.S. FEDERAL REGULATIONS

EPA Environmental Protection Agency

CERCLA Comprehensive Environmental Response, Compensation and Liability Act of 1980 (40 CFR Parts 117 and 302)
Reportable Quantity (RQ): None

SARA Superfund Amendment and Reauthorization Act

- SECTION 302/304: Requires emergency planning on threshold planning quantities (TPQ) and release reporting based on reportable quantities (RQ) of EPA's extremely hazardous substances (40 CFR Part 355).

Extremely Hazardous Substances: None
Threshold Planning Quantity (TPQ): None

- SECTIONS 311/312: Require submission of material safety data sheets (MSDSs) and chemical inventory reporting with identification of EPA-defined hazard classes (40 CFR Part 370). The hazard classes for this product are:

IMMEDIATE: No
PRESSURE: Yes
DELAYED: No
REACTIVITY: No
FLAMMABLE: Yes

- SECTION 313: Requires submission of annual reports of release of toxic chemicals that appear in 40 CFR part 372.

Propane does not require reporting under Section 313.

40 CFR PART 68 Risk Management for Chemical Accidental Release

TSCA **Toxic Substance Control Act**
Propane is listed on the TSCA inventory.

OSHA **Occupational Safety and Health Administration**

29 CFR 1910.119: Process Safety Management of Highly Hazardous chemicals.

FDA Food and Drug Administration

21 CFR 184.1655: Generally recognized as safe (GRAS) as a direct human food ingredient when used as a propellant, aerating agent and gas.

SECTION 16 - OTHER INFORMATION

SPECIAL PRECAUTIONS: Use piping and equipment adequately designed to withstand pressure to be encountered.

NFPA 58 Standard for the Storage and Handling of Liquefied Petroleum Gases and OSHA 29 CFR 1910.10 require that all persons employed in handling LP-gases be trained in proper handling and operating procedures, which the employer shall document. Contact your propane supplier to arrange for the required training. Allow only trained and qualified persons to install and service propane containers and systems.

WARNING: Be aware that with odorized propane the intensity of ethyl mercaptan stench (its odor) may fade due to chemical oxidation (in the presence of rust, air or moisture), adsorption or absorption. Some people have nasal perception problems and may not be able to smell the ethyl mercaptan stench. Leaking propane from underground gas lines may lose its odor as it passes through certain soils. While ethyl mercaptan may not impart the warning of the presence of propane in every instance, it is generally effective in a majority of situations. Familiarize yourself, your employees and customers with this warning, and other facts associated with the so-called "odor-fade" phenomenon. If you do not already know all the facts, contact your propane supplier for more information about odor, electronic gas alarms and other safety considerations associated with the handling, storage and use of propane.

Issue Date: September 5, 2008

This material safety data sheet and the information it contains is offered to you in good faith as accurate. This supplier does not manufacture this product but is a supplier of the product independently manufactured by others. Much of the information contained in this data sheet was received from sources outside our Company. To the

best of our knowledge this information is accurate, but this Supplier does not guarantee its accuracy or completeness. Health and safety precautions in this data sheet may not be adequate for all individuals and/or situations. It is the user's obligation to evaluate and use this product safely, comply with all applicable laws and regulations and to assume the risks involved in the use of this product.

NO WARRANTY OR MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSES, OR ANY OTHER WARRANTY IS EXPRESSED OR IS TO BE IMPLIED REGARDING THE ACCURACY OR COMPLETENESS OF THIS INFORMATION. THE RESULTS TO BE OBTAINED FROM THE USE OF THIS INFORMATION OR THE PRODUCT, THE SAFETY OF THIS PRODUCT, OR THE HAZARDS RELATED TO ITS USE.

prepared by:

TURNER GAS COMPANY
P.O. Box 26554
Salt Lake City, Utah 84126-0554
Phone 801/973-6886

Valley Propane Service

Serving Central Nevada Since 1954
P.O. Box 87 Gabbs, Nevada 89409
(775) 285-4094

PART I B

CONFIDENTIAL TECHNICAL SUBMISSION

NOT APPLICABLE

RFQ 3064

Submitted by:

Valley Propane Service

Part II

Confidential Financial Submission

ATTACHMENT A – CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION

Submitted proposals, which are marked “confidential” in their entirety, or those in which a significant portion of the submitted proposal is marked “confidential” **will not** be accepted by the State of Nevada. Pursuant to NRS 333.333, only specific parts of the proposal may be labeled a “trade secret” as defined in NRS 600A.030(5). All proposals are confidential until the contract is awarded; at which time, both successful and unsuccessful vendors’ technical and cost proposals become public information.

In accordance with the Submittal Instructions of this RFQ, vendors are requested to submit confidential information in separate binders marked “**Part I B Confidential Technical**” and “**Part II Confidential Financial**”.

The State will not be responsible for any information contained within the proposal. Should vendors not comply with the labeling and packing requirements, proposals will be released as submitted. In the event a governing board acts as the final authority, there may be public discussion regarding the submitted proposals that will be in an open meeting format, the proposals will remain confidential.

By signing below, I understand it is my responsibility as the vendor to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation. I duly realize failure to so act will constitute a complete waiver and all submitted information will become public information; additionally, failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by the release of the information.

This proposal contains Confidential Information, Trade Secrets and/or Proprietary information as defined in *Section 2 “ACRONYMS/DEFINITIONS.”*

Please initial the appropriate response in the boxes below and provide the justification for confidential status.

Part I B – Confidential Technical Information			
YES		NO	S.g.
Justification for Confidential Status			

A Public Records CD has been included for the Technical and Cost Proposal			
YES	S.g.	NO	

Part II – Confidential Financial Information			
YES	S.g.	NO	
Justification for Confidential Status			
Bank Account Information			

F.G.F. INC DBA VALLEY Propane Service
Company Name

Susan Goddard
Signature

Susan Goddard
Print Name

04/23/14
Date

This document must be submitted in Tab IV of vendor’s technical proposal

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