4. COMPANY BACKGROUND AND REFERENCES

The Schwan Food Company originated in 1952 when Marvin Schwan first began delivering ice cream door-to-door. The company has expanded over time, still being privately held, to become a multibillion-dollar frozen food company with three primary divisions. Schwan's Home Service, Inc., a nationwide company delivers frozen food door-to-door under the Schwan's® brand name. Schwan's Consumer Brands, Inc. distributes frozen product to retail grocers under the brand names of Mrs. Smith's® desserts, Tony's®, Red Baron®, and Freschetta® pizzas, and appetizers and entrees. Schwan's Food Service, Inc. (SFSI) supplies pizza, Asian-style, handheld, and dessert items to the foodservice industry under the same brand names with the addition of Big Daddy's® pizza and Minh® entrees and egg rolls. More details can be found on our website at: www.schwansfoodservice.com.

SFSI provides product nationwide to a variety of customers including hospitals, colleges and universities, K-12 schools, restaurant chains, and C-stores. SFSI provides each customer with a wide range of products, as well as national brand recognition. In addition, SFSI offers value-added frozen foods to foodservice operations through more than 700 active foodservice distributors. In 1975, SFSI entered the school foodservice market to assist schools in utilizing their U.S. Department of Agriculture commodities for the National School Lunch Program. SFSI has been a commodity processing provider for 40 years and currently has commodity contracts with 46 states. For these 41 years, SFSI has been dedicated to the development of a wide variety of school entrees that meet, or exceed, nutritional requirements for school meal programs.

SFSI has the products and services to support you through the maze of changing nutritional rules. We offer a wide variety of stand-alone entrée items with flavor and student appeal to help build your program participation. With more than 100 crossover mainline entrees and 19 smart snack options we offer a variety of products with strong brands that provide consistency and quality that are recognized by students. We have a dedicated team to work one on one with your team to help you maximize your budgets. SFSI is dedicated to providing you with the right products, variety, brands and service to meet your 2015-2016 school year needs.

Of the Top 10 schools in the nation we currently provide nine with products in the cheese category and two within the chicken category.

4.1 VENDOR INFORMATION

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

Question	Response
Company name:	***Schwan's Food Service, Inc.***
Ownership (sole proprietor, partnership, etc.):	***Corporation***
State of incorporation:	***Georgia***
Date of incorporation:	***12/9/1991***
# of years in business:	***25 years***
List of top officers:	****See Enclosed Letter***
Location of company headquarters:	***Marshall, MN***
Location(s) of the company offices:	***Marshall, MN; Bloomington, MN***
Location(s) of the office that will provide the	***Marshall, MN***

Question	Response
services described in this RFP:	
Number of employees locally with the expertise to support the requirements identified in this RFP:	***1) Leslie Napolitano / West Zone Director, located in Milpitas, CA***
Number of employees nationally with the expertise to support the requirements in this RFP:	***Approximately 120 with Schwan's Food Service, Inc.***
Location(s) from which employees will be assigned for this project:	***Marshall, MN; Bloomington, MN; Milpitas, CA; and broker located in Las Vegas, NV.***

4.1.2 **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.

4.1.3 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://nvsos.gov.

Question	Response
Nevada Business License Number:	***NV20071402897***
Legal Entity Name:	***Schwan's Food Service, Inc.***

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

Yes	*X*	No	

If "No", provide explanation.

4.1.4 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.

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

Yes	*X*	No	

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 of NV Food Distribution Program***
State agency contact name:	***Heather Moon***
Dates when services were	***RFQ 1920 2012/2013 to current date,***

Question	Response
performed:	***set to expire 6/30/2016***
Type of duties performed:	***Providing school food service food products***
Total dollar value of the contract:	***$881,070.64 to date***

4.1.6 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	***X***

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 RFP, and specify the services that each person will be expected to perform.

4.1.7 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 RFP must also be disclosed.

Does any of the above apply to your company?

Yes		No	***X***

If "Yes", please provide the following information. Table can be duplicated for each issue being identified.

Question	Response	
Date of alleged contract failure or 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

Question	Response
Status of the litigation:	

4.1.8 Vendors must review the insurance requirements specified in ***Attachment E, Insurance Schedule for RFP 3237.*** Does your organization currently have or will your organization be able to provide the insurance requirements as specified in ***Attachment E.***

Yes	*X*	No	

See Exception in Attachment B

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 3237.***

Schwan's Food Service, Inc., upon contract award notification, will supply our Certificate of Insurance.

4.1.9 Please list states you have provided processed end products for NSLP/CACFP and the length of time you have provided processed end products. Limit response to no more than five (5) pages.

Schwan's Food Service, Inc. provides processed end products to the following 46 states: AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, IA, ID, IL, IN, KY, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY. Schwan's Food Service, Inc., has been processing end products for over 41 years.

4.1.10 Length of time vendor has been providing services described in this RFP to the public and/or private sector. Please provide a brief description.

The Food Service Division has been processing commodities for over 41 years. The Schwan Food Company as a whole has been in business for over 64 years and has evolved into the multi-billion dollar company it is today.

4.1.11 Financial information and documentation to be included in Part III, Confidential Financial Information of vendor's response in accordance with Section 9.5, Part III – Confidential Financial Information.

4.1.11.1 Dun and Bradstreet Number

Schwan's Food Service, Inc. - 96-577-6360

4.1.11.2 Federal Tax Identification Number

Schwan's Food Service, Inc. - 58-1972868

4.2 SUBCONTRACTOR INFORMATION

4.2.1 Does this proposal include the use of subcontractors?

Yes	*X*	No	

If "Yes", vendor must:

4.2.1.1 Identify specific subcontractors and the specific requirements of this RFP for which each proposed subcontractor will perform services.

Schwan's Food Service, Inc., will utilize KT's Kitchens, Inc. to complete the needs of this RFP.

KT's Kitchens, Inc., will produce and package the following item:
#63913 SFS Tony's 3.2X5 Breakfast Turkey Sausage Breakfast IW

4.2.1.2 If any tasks are to be completed by subcontractor(s), vendors must:

A. Describe the relevant contractual arrangements;

Schwan's Food Service, Inc. maintains a confidential contract with KT's Kitchens, Inc. KT's Kitchens, Inc., must meet the same requirements of our internal plants and are held to the highest of standards. They must pass routine inspections and yearly facility audits performed by a third party.

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).

Schwan's Food Service, Inc. works with KT's Kitchens, Inc., to develop a method of communication and maintain contacts throughout the company. They must maintain the same standards of product integrity, health, safety and compliance of all requirements as does the rest of Schwan's Food Service, Inc.

Schwan's Food Service, Inc. has utilized the services of KT's Kitchens, Inc. for over 15 years. We have an excellent working relationship and very satisfied with the service and quality they provide to us.

4.2.1.3 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.

Schwan's Food Service, Inc. (SFSI) requires all potential co-packers to sign a confidentiality agreement. Co-packers are required to complete a "SIF" (Supplier Information Form) which provides their basic information such as their corporate name, plant and shipping locations, and contact information. In addition, they must also complete a "SEF" (Supplier Evaluation Form) which is a questionnaire about their plant and gives our Food Safety and Quality department a snapshot of their quality systems. Each potential co-packer must provide a current Certificate of Insurance and pass a GFSI Food Safety and Quality Audit that ensures they have the processes and controls in place to produce our products safely and according to SFSI's specifications. SFSI also sends a Food Safety and Quality representative to the facility to ensure "SIF" and "SEF" paperwork meets actual process utilized by co-packer.

Once a co-packer has been chosen a General Supply Agreement or Master Supply Agreement is signed, which details the specifics of the business relationship. Both Schwan's Food Service, Inc., and the co-packer are required to approve each specification and agree to details of each product. In some cases, a Dunn and Bradstreet report may be completed to review their financial situation.

Schwan's Food Service, Inc., (SFSI) sends pertinent company representatives to work with the co-packer to create the products, to view the facility, to validate that products meet SFSI's requirements and expectations, and to determine the best suitability for the products that will be made. SFSI also holds specification verification and quality validation samplings of products throughout the year to ensure all products are continually meeting overall performance and quality objectives.

If the product that is being made will require a CN label, the facility in which the product is made is required to be CN Certified.

Payments to Schwan's Food Service, Inc's., co-packers are determined in accordance with the products that are created and based on the agreed upon rates.

4.2.1.4 Provide the same information for any proposed subcontractors as requested in ***Section 4.1, Vendor Information***.

4.2.1.5 Business references as specified in ***Section 4.3, Business References*** must be provided for any proposed subcontractors.

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

SCHWAN'S FOOD SERVICE, INC.

Nevada Business Identification # NV20071402897

Expiration Date: March 31, 2017

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.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 27, 2016

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which by law cannot be waived.

(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS LICENSE APPLICATION OF:

ENTITY NUMBER

SCHWAN'S FOOD SERVICE, INC.

NAME OF CORPORATION

E0192452007-5

FOR THE FILING PERIOD OF MAR, 2016 TO MAR, 2017

100103

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov****

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

Filed in the office of	Document Number
Barbara K. Cegavske Secretary of State State of Nevada	20160036069-13
	Filing Date and Time 01/27/2016 8:54 AM
	Entity Number E0192452007-5

(This document was filed electronically.)

ABOVE SPACE IS FOR OFFICE USE ONLY

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. *FORM WILL BE RETURNED IF UNSIGNED.*
2. If there are additional officers, attach a list of them to this form.
3. Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A $75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is $500.00/$200.00 for Professional Corporations filed pursuant to NRS Chapter 89. Effective 2/1/2010, $100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional $30.00 per certification. **A copy fee of $2.00 per page** is required for **each additional copy** generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: ☐

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

☐ This corporation is a publicly traded corporation. The Central Index Key number is:

☐ This publicly traded corporation is not required to have a Central Index Key number.

NRS 76.020 Exemption Codes
001 - Governmental Entity
005 - Motion Picture Company
006 - NRS 680B.020 Insurance Co.

NAME	TITLE(S)		
TREVOR BYNUM	PRESIDENT (OR EQUIVALENT OF)		
ADDRESS	CITY	STATE	ZIP CODE
8500 NORMANDALE LAKE BLVD. , USA	BLOOMINGTON	MN	55437
NAME	TITLE(S)		
BRIAN SATTLER	SECRETARY (OR EQUIVALENT OF)		
ADDRESS	CITY	STATE	ZIP CODE
8500 NORMANDALE LAKE BLVD. , USA	BLOOMINGTON	MN	55437
NAME	TITLE(S)		
BRIAN RADEMACHER	TREASURER (OR EQUIVALENT OF)		
ADDRESS	CITY	STATE	ZIP CODE
115 WEST COLLEGE DRIVE , USA	MARSHALL	MN	56258
NAME	TITLE(S)		
ROBIN GALLOWAY	DIRECTOR		
ADDRESS	CITY	STATE	ZIP CODE
8500 NORMANDALE LAKE BLVD. , USA	BLOOMINGTON	MN	55437

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X BRIAN SATTLER

Signature of Officer or Other Authorized Signature

Title: SECRETARY

Date: 1/27/2016 8:53:56 AM

(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS AND DIRECTORS OF:

SCHWAN'S FOOD SERVICE, INC

ENTITY NUMBER
E0192452007-5

NAME	TITLE(S)		
BRIAN SATTLER	DIRECTOR		
ADDRESS	CITY	STATE	ZIP CODE
8500 NORMANDALE LAKE BLVD , USA	BLOOMINGTON	MN	55437
NAME	TITLE(S)		
DIMITRIOS SMYRNIOS	DIRECTOR		
ADDRESS	CITY	STATE	ZIP CODE
8500 NORMANDALE LAKE BLVD. , USA	BLOOMINGTON	MN	55437
NAME	TITLE(S)		
ADDRESS	CITY	STATE	ZIP CODE
NAME	TITLE(S)		
ADDRESS	CITY	STATE	ZIP CODE
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ADDRESS	CITY	STATE	ZIP CODE
NAME	TITLE(S)		
ADDRESS	CITY	STATE	ZIP CODE
NAME	TITLE(S)		
ADDRESS	CITY	STATE	ZIP CODE

The SCHWAN FOOD COMPANY
SCHWAN'S FOOD SERVICE, INC.

To Whom it May Concern:

Schwan's Food Service, Inc., a Minnesota corporation (FEIN 41-1713393, incorporated on 02/10/1992), merged with and into Schwan's Bakery, Inc., a Georgia corporation (FEIN 58-1972868 and incorporated on 12/9/1991), on March 31, 2007. Following the merger, Schwan's Bakery, Inc., the surviving entity, changed its name to Schwan's Food Service, Inc., a Georgia corporation.

Best regards,

Alice Vroman
Sr. Legal Assistant
Schwan's Shared Services, LLC
507-537-8002
alice.vroman@schwans.com

The SCHWAN FOOD COMPANY
SCHWAN'S FOOD SERVICE, INC.

Schwan's Food Service, Inc.
Corporate Office Address:
115 West College Drive
Marshall, MN 56258

Officers:
Trevor Bynum, President & CEO
Lori Dubbeldee, Chief Financial Officer
Brian Sattler, Secretary
Heidi Dirckx, Assistant Treasurer

Directors:
Dimitrios Smyrnios
Robin Galloway
Brian Sattler

The parent company of Schwan's Food Service, Inc., is The Schwan Food Company

The Schwan Food Company Executive Committee:
Dimitrios Smyrnios
CEO

Robin Galloway
Executive Vice President of Finance & Chief Financial Officer

Brian Sattler
Executive Vice President of Business Services & General Counsel

Kevin McAdams
President, Schwan's Consumer Brands, Inc.

Trevor Bynum
President, Schwan's Food Service, Inc.

Dave Muscato
President, Schwan's Home Service, Inc.

Douglas Olsem
President, SFC Global Supply Chain, Inc.

Scott Peterson
Executive Vice President & Chief Human Resources Officer

Stacey Fowler-Meittunen
Senior Vice President, Product Innovation & Development

Kathy Persian
Senior Vice President, Information Services & Chief Information Officer

The SCHWAN FOOD COMPANY
SCHWAN'S FOOD SERVICE, INC.

Officers of The Schwan Food Company
Allan Schuman, Chairman of the Board
Dimitrios Smyrnios, CEO
Robin Galloway, Chief Financial Officer
Brian Sattler ,Secretary
Heidi Dirckx, Assistant Treasurer

Directors of The Schwan Food Company
Ed Lonergan
Jeff Erickson
Jay Lund
Don Miller
Lorrie L. Schwan-Okerlund
Paul Schwan
Allan Schman
Steve Sjoblad
Dimitrios Smyrnios

4.1 VENDOR INFORMATION (Sub-Contractor) KT'S KITCHEN'S, INC.

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

Question	Response
Company name:	***KT's Kitchens, Inc.***
Ownership (sole proprietor, partnership, etc.):	***Corporation***
State of incorporation:	***Nevada***
Date of incorporation:	***8/1987***
# of years in business:	***29 years***
List of top officers:	***Kathy Taggeres, Owner***
Location of company headquarters:	***Carson, CA***
Location(s) of the company offices:	***Carson, CA***
Location(s) of the office that will provide the services described in this RFP:	***Carson, CA***
Number of employees locally with the expertise to support the requirements identified in this RFP:	***Approximately 210***
Number of employees nationally with the expertise to support the requirements in this RFP:	***Approximately 210***
Location(s) from which employees will be assigned for this project:	***Carson, CA***

4.1.2 **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.

4.1.3 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://nvsos.gov.

Question	Response
Nevada Business License Number:	***N/A***
Legal Entity Name:	***N/A***

- *****If items are awarded that KT's Kitchens, Inc. produces and a State Business License would be required, one can be obtained to the start of the contract.***

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

Yes	*X*	No	

If "No", provide explanation.

4.1.4 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.

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

Yes		No	*X*

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:	*N/A*
State agency contact name:	
Dates when services were performed:	
Type of duties performed:	
Total dollar value of the contract:	

4.1.6 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	*X*

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 RFP, and specify the services that each person will be expected to perform.

4.1.7 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 RFP must also be disclosed.

Does any of the above apply to your company?

Yes		No	*X*

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:		

Section 4: COMPANY BACKGROUND / KT'S KITCHEN'S, INC.

KT's Kitchens, Inc. was founded by Kathy Taggares in 1987 and is still 100% owned by Taggeres, making KT's Kitchens, Inc., a 100% woman owned business. The company is both a manufacturer of refrigerated salad dressing and frozen pizza products. The dressings are a retail, branded product, while the pizza division specializes in co-packing and private label manufacturing. Pizza products are produced for both the CN school program and traditional food service, and also for retail channels.
KT's Kitchens, Inc. is located in Carson, California and operates a 100,000 square foot USDA facility employing over 200 people.

4.1.10 Length of time vendor has been providing services described in this RFP to the public and/or private sector. Please provide a brief description.

The pizza division of KT's Kitchens, Inc. was created in 1988. For over 28 consecutive years we have produced frozen pizza products for the School Food Service industry.

4.1.11 Financial information and documentation to be included in Part III, Confidential Financial Information of vendor's response in accordance with Section 9.5, Part III – Confidential Financial Information.

4.1.11.1 Dun and Bradstreet Number
17-713-8252

4.1.11.2 Federal Tax Identification Number
95-4104465

***Needs to be completed for each Reference submitted** **KT's Kitchens, Inc.**

Reference #:	*#1*		
Company Name:	***First Innovative Brokerage***		
Identify role company will have for this RFQ project (Check appropriate role below):			
	VENDOR	***X***	***SUBCONTRACTOR***
Project Name:	***RFQ 3237: USDA Foods Processing***		
Primary Contact Information			
Name:		***J. Robert "Mac" Berardino***	
Street Address:		***21755 Eveningside Lane***	
City, State, Zip		***Lake Forest, CA 92630***	
Phone, including area code:		***949-457-9596***	
Facsimile, including area code:		***949-457-9793***	
Email address:		***1vipuh@cox.net***	
Alternate Contact Information			
Name:		*N/A*	
Street Address:			
City, State, Zip			
Phone, including area code:			
Facsimile, including area code:			
Email address:			
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:		***Mac has been a broker and worked with KT's Kitchens to help service schools in CA for over 25 years. He has helped to create new products, worked with all accounts, and knows KT's Kitchens processes and customers very well.***	
Original Project/Contract Start Date:		***n/a***	
Original Project/Contract End Date:		***n/a***	
Original Project/Contract Value:		***n/a***	
Final Project/Contract Date:		***n/a***	
Was project/contract completed in time originally allotted, and if not, why not?		***This is on-going business relationship that strives to provide the best possible solutions to schools.***	
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?		***All budgets and proposals have been met and if not, have come to mutual agreements that would satisfy both parties.***	

*Needs to be completed for each Reference submitted ***KT's Kitchens, Inc.***

Reference #:	*2*		
Company Name:	***Seafood Dimensions International, Inc.***		
Identify role company will have for this RFQ project (Check appropriate role below):			
	VENDOR	***X***	***SUBCONTRACTOR***
Project Name:	***RFQ 3237: USDA Foods Processing***		
Primary Contact Information			
Name:		***Christi Lang***	
Street Address:		***22343 La Palma Ave Suite 106***	
City, State, Zip		***Yorba Linda, CA 92887***	
Phone, including area code:		***714-692-6464***	
Facsimile, including area code:			
Email address:			
Alternate Contact Information			
Name:		***n/a***	
Street Address:			
City, State, Zip			
Phone, including area code:			
Facsimile, including area code:			
Email address:			
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:		***Seafood Dimensions International, Inc. has been distributing our product to the State of CA – DGS for many years. KT's Kitchens has worked directly with them to provide a production schedule and delivery practices to fit the requirements of the State.***	
Original Project/Contract Start Date:		***n/a***	
Original Project/Contract End Date:		***n/a***	
Original Project/Contract Value:		***n/a***	
Final Project/Contract Date:		***n/a***	
Was project/contract completed in time originally allotted, and if not, why not?		***This is an ongoing business relationship that strives to provide the best possible solutions to customers.***	
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?		***All budgets and proposals are determined prior to the start date of the contract.***	

***Needs to be completed for each Reference submitted** **KT's Kitchens, Inc.**

Reference #:	*#3*		
Company Name:	*Veritiv Company*		
Identify role company will have for this RFQ project (Check appropriate role below):			
	VENDOR	*X*	*SUBCONTRACTOR*
Project Name:	*RFQ 3237: USDA Foods Processing*		
Primary Contact Information			
Name:	*Michael Seqovia*		
Street Address:	*7500 Amigos Ave.*		
City, State, Zip	*Downey, CA 90242*		
Phone, including area code:	*714-675-2815*		
Facsimile, including area code:			
Email address:	*Michael.Seqovia@veritivcorp.com*		
Alternate Contact Information			
Name:	*N/A*		
Street Address:			
City, State, Zip			
Phone, including area code:			
Facsimile, including area code:			
Email address:			
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	***Veritiv supplies film wrap and corrugated products. KT's Kitchens worked directly with Michael on samples for new product development. He knows KT's Kitchens processes very well.***		
Original Project/Contract Start Date:	***n/a***		
Original Project/Contract End Date:	***n/a***		
Original Project/Contract Value:	***n/a***		
Final Project/Contract Date:	***n/a***		
Was project/contract completed in time originally allotted, and if not, why not?	***This is on-going business***		
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***All budgets and proposals have been met***		

SUBCONTRACTOR AGREEMENT

Subcontractor Agreement: Authority USDA FNS 7 CFR Part 250

Whereas Schwan's Food Service, Inc. (Primary Processor) holds a National Master Processing Agreement (hereinafter "Agreement") with the U.S. Department of Agriculture Food and Nutrition Service and whereas KT's Kitchens, Inc. (Subcontractor) desires and is capable of performing part of the Agreement, namely receiving and processing donated foods into pizza products (Specify function and USDA donated foods used). It is further agreed that the Subcontractor mentioned above will conform to all terms and conditions of the above named Agreement, making this addendum part of that Agreement.

Subcontractor shall maintain records for three (3) years from the close of the federal fiscal year to which they pertain and shall make them available for inspection by either State, federal or local representatives at any time, without prior notice, during normal office hours. Processor records shall include the following:

A. Quantity of raw DF received from Primary Processor for each month.
B. Quantities of raw DF and end products remaining on hand for each month.
C. Quantities of end products delivered to RA or back to the Primary Processor.

Subcontractor will attach a signed End Product data Schedule to this Addendum for the end products that are being processed, or any other function for which the Subcontractor is performing.

ALL PARTIES APPROVE BY SIGNING BELOW:

PRIMARY PROCESSOR

Processor: Schwan's Food Service, Inc. Address: 115 West College Drive, Marshall, MN 56258

Name: Marsha Rose Title: Strategic Bid Manager

Signature: _____ Date: 7/1/05

SUBCONTRACTOR

Subcontractor: KT's Kitchens, Inc. Address: 1065 East Walnut, Carson CA 90746

Name: Joan Paris Title: Commodity Manager

Signature: _____ Date: 12/9/04

FNS APPROVAL

Name: Cathie McCullough Title: Director, FDD

Signature: _____ Date: 1/10/05

Revision Date: 11/02/2004

Reference #:	***RFP #3237 USDA Foods Processing***		
Company Name:	***Fairfield-Suisun USD***		
Identify role company will have for this RFP project (Check appropriate role below):			
X	*VENDOR*		*SUBCONTRACTOR*
Project Name:			

Primary Contact Information	
Name:	***Fairfield-Suisun USD***
Street Address:	***2490 Hilborn Road***
City, State, Zip:	***Fairfield, CA 94534***
Phone, including area code:	***707-399-5047***
Facsimile, including area code:	*N/A*
Email address:	***marganh@fsusd.org***
Alternate Contact Information	
Name:	*N/A*
Street Address:	
City, State, Zip:	
Phone, including area code:	
Facsimile, including area code:	
Email address:	
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	***Schwan's Food Service is a processor for the commodity co-op that we are a member of.***
Original Project/Contract Start Date:	***I have only been a member of the co-op for one year, but have worked with Schwan's commodity processing in other co-ops for 20 years***
Original Project/Contract End Date:	***We continue to utilize Schwan's processing each year and they will be included on the Co-op bid for next school year.***
Original Project/Contract Value:	*N/A*
Final Project/Contract Date:	*N/A*
Was project/contract completed in time originally allotted, and if not, why not?	*N/A*
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	*N/A*

Reference #:	***RFP #3237 USDA Foods Processing***		
Company Name:	***Modesto City Schools Nutrition Services***		
Identify role company will have for this RFP project (Check appropriate role below):			
X	***VENDOR***		***SUBCONTRACTOR***
Project Name:			

Primary Contact Information	
Name:	***Criss Atwell, SNS***
Street Address:	***1200 N Carpenter Road***
City, State, Zip:	***Modesto, CA 95356***
Phone, including area code:	***209-550-3306***
Facsimile, including area code:	
Email address:	***atwell.c@monet.k12.ca.us***
Alternate Contact Information	
Name:	***Christina Wudijono, RD***
Street Address:	***1200 N Carpenter Road***
City, State, Zip:	***Modesto, CA 95356***
Phone, including area code:	***209-550-3306***
Facsimile, including area code:	
Email address:	***wudijono.c@monet.k12.ca.us***
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	***Schwan's Food Service is a processor for our commodity cooperative. We also purchase products direct from Schwan's.***
Original Project/Contract Start Date:	***Over 20 years ago***
Original Project/Contract End Date:	***N/A, still ongoing***
Original Project/Contract Value:	***N/A***
Final Project/Contract Date:	***N/A, still ongoing***
Was project/contract completed in time originally allotted, and if not, why not?	***N/A, still ongoing***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***N/A, still ongoing***

Reference #:	***RFP #3237 USDA Foods Processing***		
Company Name:	***Sacramento City Unified School District***		
Identify role company will have for this RFP project (Check appropriate role below):			
X	*VENDOR*		*SUBCONTRACTOR*
Project Name:			
Primary Contact Information			
Name:		***Diana Flores***	
Street Address:		***3051 Redding Ave***	
City, State, Zip:		***Sacramento CA 95820***	
Phone, including area code:		***916-277-6710***	
Facsimile, including area code:			
Email address:		***Diana-flores@scusd.edu***	
Alternate Contact Information			
Name:		***Robert Aldama***	
Street Address:		***3051 Redding Ave***	
City, State, Zip:		***Sacramento CA 95820***	
Phone, including area code:		***916-277-6582***	
Facsimile, including area code:			
Email address:		***Robert-aldama@scusd.edu***	
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:		***Schwan's Food Service is a processor for our commodity program as well as a supplier for non-commodity products for our NSL and SBP.***	
Original Project/Contract Start Date:		***We have been purchasing direct Schwan's products since 2007.***	
Original Project/Contract End Date:		***We currently are purchasing from Schwan's in the 2015-16 school year.***	
Original Project/Contract Value:		*N/A*	
Final Project/Contract Date:		*N/A*	
Was project/contract completed in time originally allotted, and if not, why not?		*N/A*	
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?		*N/A*	

Reference #:	***RFP #3237 USDA Foods Processing***		
Company Name:	***Vallejo City USD***		
Identify role company will have for this RFP project (Check appropriate role below):			
X	***VENDOR***		***SUBCONTRACTOR***
Project Name:	USDA Foods Processing		

Primary Contact Information	
Name:	***Vallejo City USD***
Street Address:	***665 Walnut Avenue***
City, State, Zip:	***Vallejo, CA 94592***
Phone, including area code:	***707-556-8921***
Facsimile, including area code:	***707-649-3953***
Email address:	
Alternate Contact Information	
Name:	
Street Address:	
City, State, Zip:	
Phone, including area code:	
Facsimile, including area code:	
Email address:	
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	***Schwan's Food Service is a processor for our commodity cooperative.***
Original Project/Contract Start Date:	***Our Co-Op has been working annually with Schwan's Food Service since its inception in 1993.***
Original Project/Contract End Date:	***Schwan's Food Service has been participating in our Co-Op's Bid process each year and we have been utilizing their services each year.***
Original Project/Contract Value:	N/A
Final Project/Contract Date:	N/A
Was project/contract completed in time originally allotted, and if not, why not?	N/A
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	N/A