State of Nevada Purchasing Division

RFP: 3237

For

USDA FOODS PROCESSING

PART IA – TECHNICAL PROPOSAL

"MASTER"

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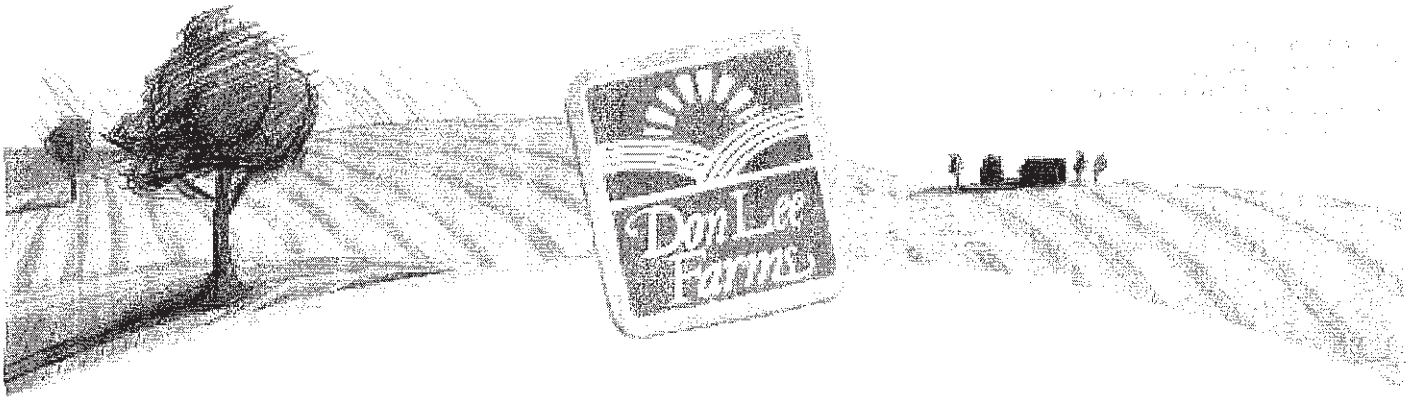
Part I A – Technical Proposal

RFP Title:	USDA Foods Processing
RFP:	3237
Vendor Name:	GOODMAN FOOD PRODUCTS dba DON LEE FARMS
Address:	200 EAST BEACH AVENUE INGLEWOOD, CA 90302
Opening Date:	April 22, 2016
Opening Time:	2:00 PM



PART I A – TECHNICAL PROPOSAL

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VENDOR INFORMATION SHEET FOR RFP 3237

V1	Company Name	**GOODMAN FOOD PRODUCTS dba DON LEE FARMS**

V2	Street Address	**200 EAST BEACH AVENUE**

V3	City, State, ZIP	**INGLEWOOD, CA 90302**

V4	Telephone Number		
	Area Code: **310**	Number: **674-3180**	Extension:

V5	Facsimile Number		
	Area Code: **310**	Number: **673-7008**	Extension:

V6	Toll Free Number		
	Area Code:	Number:	Extension:

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: **DONALD S. GOODMAN**
	Title: **PRESIDENT**
	Address: **200 EAST BEACH AVENUE INGLEWOOD, CA 90302**
	Email Address: **Donald@donleefarms.com**

V8	Telephone Number for Contact Person		
	Area Code: **310**	Number: **674-3180**	Extension: **125**

V9	Facsimile Number for Contact Person		
	Area Code: **310**	Number: **673-7008**	Extension:

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: **DONALD S. GOODMAN**	Title: **PRESIDENT**

V11	Signature ***(Individual must be legally authorized to bind the vendor per NRS 333.337)***	
	Signature:	Date: **APRIL 19, 2016**

PART I A – TECHNICAL PROPOSAL
State Documents

State Documents

A. Signature page from all amendments
B. Attachment A – Confidentiality and Certification of Indemnification
C. Attachment C – Vendor Certifications
D. Attachment J – Certification Regarding Lobbying
E. Copies of any vendor licensing agreements
F. Copies of applicable certifications and/or licenses

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 RFP, vendors are requested to submit confidential information in separate binders marked "**Part I B Confidential Technical**" and "**Part III 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	
Justification for Confidential Status			

A Public Records CD has been included for the Technical and Cost Proposal			
YES		NO (See note below)	
Note: By marking "NO" for Public Record CD included, you are authorizing the State to use the "Master CD" for Public Records requests.			

Part III – Confidential Financial Information			
YES		NO	
Justification for Confidential Status			

GOODMAN FOOD PRODUCTS dba DON LEE FARMS
Company Name

Signature

DONALD S. GOODMAN, PRESIDENT
Print Name

APRIL 19, 2016
Date

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

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 this proposal have been arrived at independently and without consultation, communication, agreement or disclosure with or to any other contractor, vendor or potential vendor.

(4) All proposal terms, including prices, 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, including prices, 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 RFP 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 RFP. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting a proposal in response to this RFP, 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.

GOODMAN FOOD PRODUCTS dba DON LEE FARMS

Vendor Company Name

Vendor Signature

DONALD S. GOODMAN, PRESIDENT

Print Name

APRIL 19, 2016

Date

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

ATTACHMENT J – CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

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

By: _____ APRIL 19, 2016
Signature of Official Authorized to Sign Application — Date

For: GOODMAN FOOD PRODUCTS dba DON LEE FARMS
Vendor Name

RFP: 3237, USDA FOODS PROCESSING
Project Title

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

State of Nevada
Department of Administration
Purchasing Division
515 E. Musser Street, Suite 300
Carson City, NV 89701

Brian Sandoval
Governor

Jeffrey Haag
Administrator

SUBJECT:	Amendment 1to Request for Proposal 3237
RFP TITLE:	USDA Foods Processing
DATE OF AMENDMENT:	April 7, 2016
DATE OF RFP RELEASE:	March 25, 2016
OPENING DATE:	April 22, 2016
OPENING TIME:	2:00 P.M.
CONTACT:	Heather Moon, Procurement Staff Member

The following shall be a part of RFP *3237*. If a vendor has already returned a proposal and any of the information provided below changes that proposal, please submit the changes along with this amendment. You need not re-submit an entire proposal prior to the opening date and time.

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1. The RFP states: The resulting contract(s) will be for an initial contract term of two (2) years, anticipated to begin July 1, 2016, subject to Board of Examiners approval, with an option to renew for two (2) additional years, if agreed upon by both parties and in the best interests of the State.
   Question: May we submit separate pricing for both years? SY 16-17 at one price and 17-18 at a different price?

   One price should be submitted. Annual price adjustments will be allowed however, price increases may not exceed a 3% increase from the un-adjusted average from the preceding 12 months of the United States Department of Labor Bureau of Labor Statistics Consumer Price Index for meals eaten away from home. Price increase requested must include a justification for the increase and be approved by the Division before any increased price can be invoiced to the Division.

2. Will there be an option after the first year to adjust pricing for the second year of the contract?

   Annual price adjustments will be allowed however, price increases may not exceed a 3% increase from the un-adjusted average from the preceding 12 months of the United States Department of Labor Bureau of Labor Statistics Consumer Price Index for meals eaten away from home. Price increase requested must include a justification for the increase and be approved by the Division before any increased price can be invoiced to the Division.

3. The RFP states: 1.2.2 Proposals will not move forward for consideration if they do not meet nutritional specifications or do not include the nutritional documentation substantiating the State's nutrition specifications. In reference to Chicken 100103 items- We, and most of our competitors would be outside the criteria on one or more of the specs listed. These are even

tighter specs then that of the products you are currently purchasing from us. We also exceed the USDA nutritional guidelines on almost all items nationally.
Questions: Even though we don't meet all the criteria of the spec, do we submit a bid anyway as is? Will our bid still be evaluated?

Revised nutritional specifications are posted below and reflect more liberal nutrition specifications which is intended to increase the number of proposals that can be submitted. Items that do not meet specifications may not be evaluated. If items are submitted that do not meet nutritional specifications are submitted, please specify what nutrition specifications are not met. Do not submit more than two products per food item. If more than two products per food item are submitted they may not be evaluated.

Revised Nutritional Specification Chart.xls Revised Food List - RFP 3237.docx

4. If we don't meet the spec completely, for example; we meet all specs on an item except the calorie range and portion size listed, how should we proceed while still following the bid instructions?

   See question #3.

5. The spec says "Whole Muscle - cannot be pressed and formed". We want to make sure we have a clear understanding of what you are looking for. Some manufacturers whole muscle items are "made with whole muscle white meat for the same premium bite and texture of whole muscle but without the price". So are you looking for a true whole muscle in the spec, or made with whole muscle? This makes a big difference on price and quality.

   Food items #1, 2, and 3 in group #7 "Whole Muscle and Dark Meat Chicken" are to be "made with white whole muscle". We are looking to procure products that are of the highest quality while still staying within the price points of school food service.

6. RFP states: The State will select one primary vendor for each food grouping. If we bid on whole muscle & dark meat, would we be eligible to bid if we listed two additional dark meat items since we do not produce a drumstick or sausage patty to meet the white/dark meat requirement?

   Our intent with bundling white whole muscle products and dark meat items was to manage our dark meat balances which have historically run high and have been challenging to manage. We bundled our white whole muscle products with items that draw down dark meat only and were requested to be included on the survey by large districts. At this time, we aren't considering other dark meat items due to the uncertainty of the menu acceptance of those items. However, we have removed the drumstick to increase competition. The group now includes white whole muscle products plus a chicken sausage patty.

7. This question is on behalf of our client Pilgrims Pride. Who are the agencies receiving Goldkist label commodity chicken from Pilgrims Pride?
   We know CCSD is receiving the majority, but want to know the other agencies, if any.

   Clark Co. School District
   Douglas Co. School District

Rite of Passage, ATCS
Washoe Co. Department of Juvenile Services
Boys & Girls Club of Truckee Meadows
Nellis Child Development Center
Caliente Youth Center
Little People's Head Start of Nevada

8. Attachment O - Food Group Listing / Group 6 Food Item #1, Due to the saturated fat limitation to not exceed 2mg, are you wanting an all white meat option?

Revised nutritional specifications have been posted below and reflect more liberal nutrition specifications which is intended to increase the number of proposals that can be submitted.

Revised Food List - RFP 3237.docx

9. Attachment O - Food Group Listing / Group 6 Food Item #2, Due to the saturated fat limitation to not exceed 2mg, are you wanting an all white meat option?

See question #8.

10. Attachment O - Food Group Listing / Group 7 Food Item # 5, the limit on the sodium (not to exceed 190 mg), was this an error, as it seems a bit low.

See question #8.

11. Pg 27, 9.1 General Submission Requirements - Can we provide the required information on a flashdrive, instead of a CD?

Yes.

12. Page #5 - 1.2.6 support documents, 1.2.6.1 SEPDS, 1.2.6..3 nutritional information. What TAB is this information to be supplied?

Tab IX – See section 12 of RFP 3237 – Submission Checklist.

13. Page #30 / 9.2.3.6 TAB VI Section 3 - Scope of Work. Scope of Work (pages 11 through 18) am I to "bold/italic" type a response underneath every part on all of these pages?

Yes.

14. Do these imbedded attachments need to be returned? M/Nutritional Guidelines. N/National School Lunch. O/Food Group Listing. If they need to be returned - WHAT TAB do they belong in?

No they do not need to be returned in the submittal.

15. Would you consider another company that produces a product for a manufacturer to be a "subcontractor"?

Subcontractors only needed to be listed if the majority of processed end product is produced by another manufacturer. For example, if another manufacturer made the plastic cup used to package a fruit cup or if another manufacturer made the breading using for a breaded chicken patty that would not need to be listed as a subcontractor. If another manufacturer made the fruit cup or the breaded chicken patty, that subcontractor would need to be listed.

16. Attachment O, Group 6:
Food Item #1: Whole Grain Hot & Spicy Chicken Pattie, Pressed and formed
Food Item #2: Whole Grain Chicken Pattie-Pressed and Formed

Will you please explain your expectations of the drawdown on Food Items #1 and #2? Is it a 60white/40dark blend?

Yes, a 60/40 white/dark meat blend is the expectation.

17. Question #1 - Page 31 -#9.2.3.8 Tab VIII Attachment G - Proposed Staff Resume - "OPTIONAL" - This section should also include any subcontractor proposed staff resumes, if applicable, is this also optional for subcontractor?

Yes.

18. Question #2 - Page 33 - #9.6.4 - The required CDs must contain the following:
9.6.4.1 - ON Master CD with an exact duplicate of the technical and cost proposal contents only - May we submit on Flash Drive/USB?

See question 11.

19. Question #3 - Group 8 - Grilled Cheese Sandwich
Food item #1 Whole Grain Grilled Cheese Sandwich" it lists the maximum Sat Fat at 4 gms. If the current product the state is purchasing contains 4.12 gms., can we round down and/or is 4.12 gms. Of Sat Fat acceptable?

See question #8.

20. On the Food List (specifications) attachment, under Product Group 14, Food Item #2: 160 Slice American Cheese - the specification reads that sodium cannot exceed 210 mg. The item that is currently being purchased by the State of Nevada does not meet that specification. Can you confirm this is a change to the currently contracted item (15-16 SY)?

See question #8.

21. Do bidders need to provide proof of insurance with the bid submission?

No.

22. Is a bid bond or surety bond required with the bid submission?

No.

23. Does the SY16-17 SEPDS submitted need to be signed by the State of Nevada USDA?

No. The SEPDS submitted does not need to be signed by the Division.

24. Where (on what document) can a bidder state their minimum delivery requirements?

Vendor shall accept all terms and conditions or submit point-by-point exceptions along with proposed alternative or additional language for each point. The State may or may not consider any of the vendor's suggested revisions. Any changes or amendment to any of the terms and conditions shall occur only if the change is in the best interest of the State.

25. Per page 19 of the RFP, section 4.1.3, if the bidder is a manufacturer that is located outside of Nevada (all offices & facilities located outside of NV), is the bidder required to obtain a Nevada Business License?

Yes.

26. What kind of financial information and documentation (Section III) is required with our bid response? Is there a list of the type of information or documents required in this section? For example, do you need bank statements, net worth, etc?

Federal Tax ID and Dun and Bradstreet number.

ALL ELSE REMAINS THE SAME FOR RFP 3237.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: GOODMAN FOOD PRODUCTS dba DON LEE FARMS

Authorized Signature:

Title: DONALD S. GOODMAN, PRESIDENT Date: APRIL 19, 2016

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal.

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Sole Proprietor

DONALD S GOODMAN

Nevada Business Identification #NV20121306427

Expiration Date: 05/31/2016

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 04/15/2016

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. There is no fee for cancellation.

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

PROCESSED FOOD REGISTRATION

GOODMAN FOOD PRODUCTS
DON LEE FARMS
200 EAST BEACH AVE.
INGLEWOOD, CA 90302

REGISTRATION NUMBER: 1250
EXPIRATION DATE: 3/6/2017

THE PERSON NAMED HEREIN IS REGISTERED TO MANUFACTURE, PACK, OR HOLD PROCESSED FOOD IN THE STATE OF CALIFORNIA THROUGH THE EXPIRATION DATE. THIS REGISTRATION IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF DIVISION 104, SECTION 110460 OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS NOT TRANSFERABLE TO ANY OTHER PERSON OR PLACE. THE REGISTRANT IS REQUIRED BY LAW TO IMMEDIATELY NOTIFY THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH OF ANY CHANGE IN THE INFORMATION REPORTED IN THE APPLICATION.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

PART I A – TECHNICAL PROPOSAL

Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP 3237

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

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

YES X I agree to comply with the terms and conditions specified in this RFP.

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

If the exception and/or assumption require a change in the terms in any section of the RFP, the contract, or any incorporated documents, vendors ***must*** provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

GOODMAN FOOD PRODUCTS dba DON LEE FARMS
Company Name

Signature

DONALD S. GOODMAN, PRESIDENT
Print Name

APRIL 19, 2016
Date

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

EXCEPTION SUMMARY FORM

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)
		N/A	

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)
		N/A	

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

PART I A – TECHNICAL PROPOSAL

SECTION 3 - SCOPE OF WORK

Scope of Work

Food Group 1--Beef

Experience and Operation:

As a third-generation family food company based in Los Angeles, Don Lee Farms is a national innovator in school food service, further processing items containing U.S.D.A. Foods beef, pork and cheese along with commercial items since 1982. We have a proven record of performance - delivering to large school districts (including New York City Board of Education, Los Angeles Unified School District (as first Beef Categorical Partner and continues to this day as their Beef Categorical Partner), Hillsborough County School District, San Diego Public Schools, Fairfax Public Schools, Houston ISD, Dallas ISD, large school buying cooperatives, commercial distributors, and small districts across the country. Many school districts across the country receive our product in hundreds of separate kitchens each week. Additionally, Don Lee Farms supplies products for top national retail and club store markets including Whole Foods Market®, Costco Wholesale®, Trader Joe's®, Sam's Club®, Wal-Mart® and Wendy's®. We also supply large institutions, colleges, universities, correctional facilities, and local, regional and national restaurants.

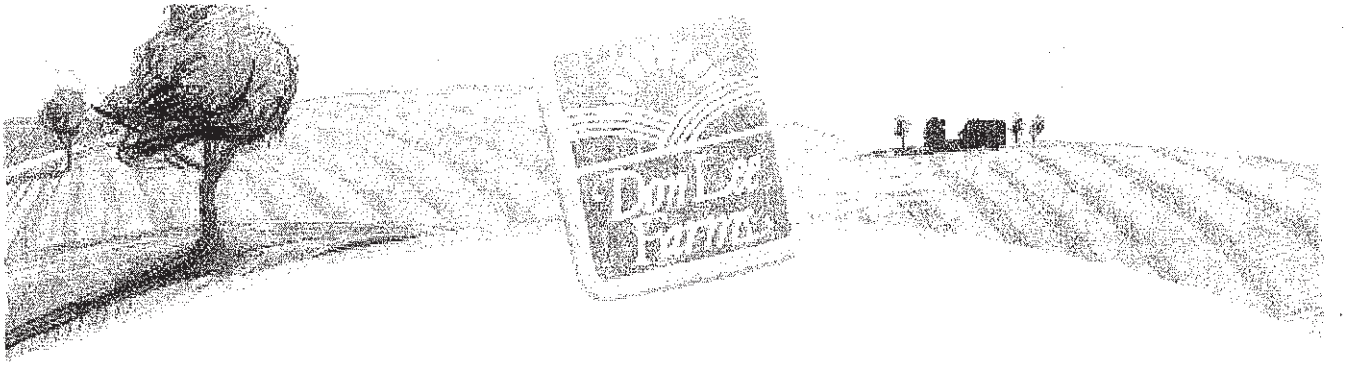
With over 30 years of culinary experience, we are able to routinely translate a request for a new menu item for a national account into a prototype sample within 24-48 hours. For example, we have responded to requests for new products and samples delivered to tasting panel reviews within 24 hours – including a large Texas-based school district within the last several months. We have extensive experience in supplying single orders in excess of a million servings per order. We have included a copy of our National Processing Agreement (NPR) as well as the Nevada State Participation Agreement (SPA).

Don Lee Farms is the highest volume producers of further processed beef items (#1) that are directly purchased by U.S.D.A. and ranks within the top 3 volume companies further processing U.S.D.A. Foods for schools in the US. Through years of delivering quality products, Don Lee Farms has proudly become the top supplier of beef items to schools in across the United States

Our manufacturing capabilities provide schools in Nevada with a limitless amount of menu possibilities. Our capabilities include a variety of cooking methods, sandwich assembly and specialty food lines. Our high-speed cooking lines include open-flame charbroilers, ovens, kettles and fryers. Our lines are equipped with industrial breading and glazing systems.

Food Safety Assessment:

We would be glad to supply any number of years of our food safety inspection reports should the state of Nevada require same. Additionally we would supply, as a confidential document, our Food Safety Assessment and Security Plan. This plan is updated annually by our President Donald Goodman and detailed reviews are conducted continuously through the day to insure strict adherence to the high standards we set for our team members—this insures that our customers can count on receiving a consistently high quality product—from one delivery to the next.



It should also be noted that both our California and Texas manufacturing facilities operate under U.S.D.A. inspection and meet or exceed regulatory requirements and industry standards. Don Lee Farms was selected as a training site for new inspectors and Agricultural Marketing Service (AMS) graders. We embrace the added level of oversight as a means to continuously improve our operations.

Additionally we submit to a variety of third-party independent audits of our facilities, operations and written food safety plans. Donald Goodman, President of Don Lee Farms, personally oversees our food safety systems and quality assurance and food safety personnel. All product quality issues are tracked, monitored and regularly analyzed for trends baked by immediate intervention. Our protocols exceed microbial testing standards for genus specific items, including listeria. We are fully committed to providing safe, wholesome and nutritious food.

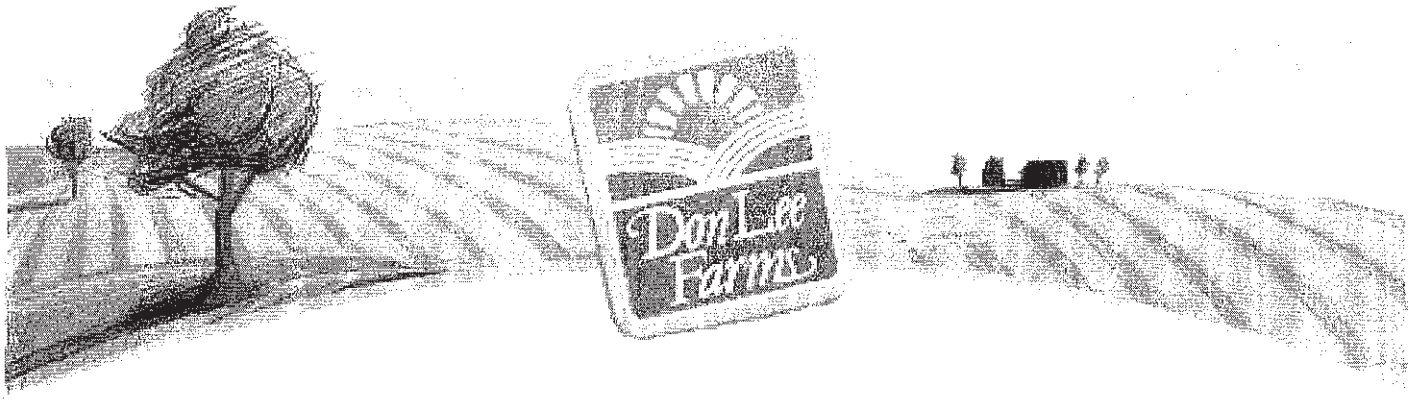
SBE Utilization Plan:
Don Lee Farms is a certified small business enterprise and we proudly partner with other small, local and family-owned businesses.

Financial Stability:
Don Lee Farms is a family food company, locally established in Los Angeles in 1982. Neither Don Lee Farms, nor Donald Goodman, President of Don Lee Farms, has ever applied for bankruptcy. All buildings (including our production facilities and distribution centers) and equipment are owned free and clear of any financial debt. We operate company-owned production facilities, cold storage, warehouse and distribution facilities located in the Los Angeles, CA and Dallas, TX area.

Litigation:
Don Lee Farms has one current pending litigation regarding American Beef Packers' product quality. The delivery of raw material to Don Lee Farms was out of USDA AMS specifications as confirmed by the vendor and USDA. We anticipate resolution of this litigation in our favor within less than a year.

Social Responsibility:
Donald Goodman, President of Don Lee Farms, continues a long family history of giving back to the Southern California community through his active participation as the past Board President of the Los Angeles Regional Food Bank and currently serves as the Chairman of the Board of UCLA Medical Center, Santa Monica. Dr. Jean Harris, Senior Vice President of Don Lee Farms, continues an active role of participation and leadership in the School Nutrition Association (SNA) and the American Commodity Distribution Association ACDA). She has committed herself to promoting wholesome, healthy meals for students at all income levels throughout the United States.

As a company, we actively support strategic partnerships with regional and national hunger-relief organizations to help make our communities better, stronger, and more vibrant places in which to live, work, and do business. With community giving and food donations, we support hunger education, awareness campaigns and engaging our nation in the fight to end hunger. A portion of our profits is donated to regional and national hunger-relief organizations.



PART I A – TECHNICAL PROPOSAL

Section 4 – Company Background and References

4.1 VENDOR INFORMATION

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

Question	Response
Company name:	***GOODMAN FOOD PRODUCTS dba DON LEE FARMS***
Ownership (sole proprietor, partnership, etc.):	***SOLE PROPRIETOR***
State of incorporation:	***CALIFORNIA***
Date of incorporation:	***APRIL 1982***
# of years in business:	***34 YEARS***
List of top officers:	***DONALD S. GOODMAN, PRESIDENT***
Location of company headquarters:	***INGLEWOOD, CA***
Location(s) of the company offices:	***INGLEWOOD, CA***
Location(s) of the office that will provide the services described in this RFP:	***INGLEWOOD, CA***
Number of employees locally with the expertise to support the requirements identified in this RFP:	***4***
Number of employees nationally with the expertise to support the requirements in this RFP:	***15***
Location(s) from which employees will be assigned for this project:	***INGLEWOOD, 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:	***NV2012210306427***
Legal Entity Name:	***GOODMAN FOOD PRODUCTS dba DON LEE FARMS***

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:	*NEVADA PURCHASING DIVISION*
State agency contact name:	*WANDA SHEPHERD*
Dates when services were performed:	*2006-2009*
Type of duties performed:	*COMMODITY PROCESSING*
Total dollar value of the contract:	*$1,500,000*

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
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	

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.***

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.

Don Lee Farms has been further processing USDA Foods for over thirty years. The following is the list of the states for which we have processed end product for NSLP/CACFP: Arizona, California, Connecticut, Florida, Georgia, Idaho, Kentucky, Louisiana, Maryland, Massachusetts, Mississippi, Missouri, New York, Nevada, New Mexico, North Carolina, Oklahoma, Oregon, South Carolina, Tennessee, Texas, Virginia, Utah, & Washington.

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.

With over 30 years of culinary experience, Don Lee Farms is a national innovator in school food service; further processing items containing U.S.D.A. Foods along with commercial items since 1982.

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

4.1.11.2 Federal Tax Identification Number

4.2 SUBCONTRACTOR INFORMATION

4.2.1 Does this proposal include the use of subcontractors?

Yes		No	X

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.

4.2.1.2 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).

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.

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.

4.2.1.6 Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor.

4.2.1.7 Vendor must notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide the information originally requested in the RFP in ***Section 4.2, Subcontractor Information***. The vendor must receive agency approval prior to subcontractor commencing work.

4.3 BUSINESS REFERENCES

4.3.1 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. Vendors must have at least one (1) year of experience in providing processed end products using USDA Foods.

4.3.1.1 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 #:			
Company Name:			
Identify role company will have for this RFP project (Check appropriate role below):			
	VENDOR		***SUBCONTRACTOR***
Project Name:			
Primary Contact Information			
Name:			
Street Address:			
City, State, Zip:			
Phone, including area code:			
Facsimile, including area code:			
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:	
Original Project/Contract Start Date:	
Original Project/Contract End Date:	
Original Project/Contract Value:	
Final Project/Contract Date:	
Was project/contract completed in time originally allotted, and if not, why not?	
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	

4.3.1.2 Vendors must also submit ***Attachment F, Reference Questionnaire*** to the business references that are identified in ***Section 4.3.2***.

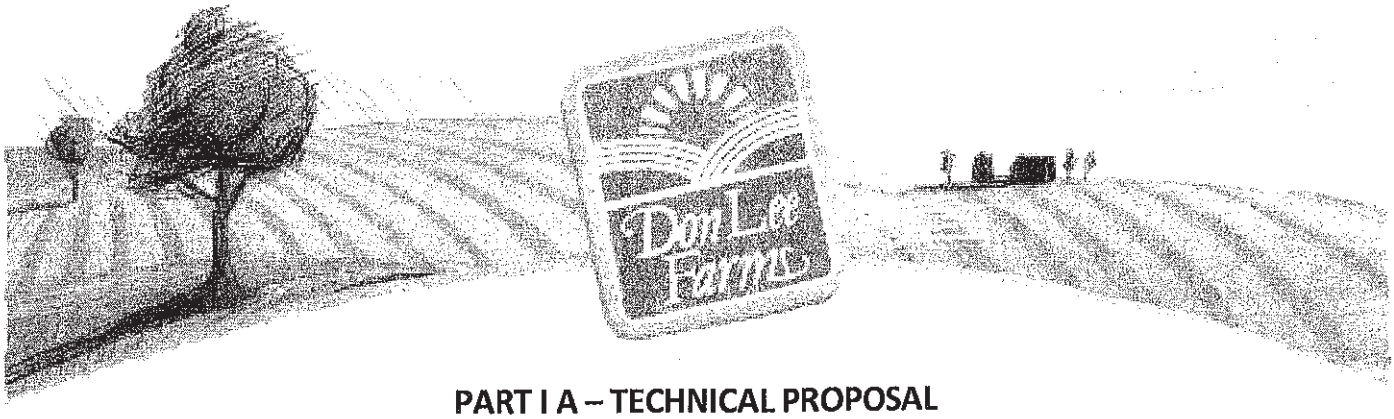
4.3.1.3 The company identified as the business references must submit the Reference Questionnaire directly to the Purchasing Division.

4.3.1.4 It is the vendor's responsibility to ensure that completed forms are received by the Purchasing Division on or before the deadline as specified in ***Section 8, RFP Timeline*** for inclusion in the evaluation process. Reference Questionnaires not received, or not complete, may adversely affect the vendor's score in the evaluation process.

4.3.2 The State reserves the right to contact and verify any and all references listed regarding the quality and degree of satisfaction for such performance.

4.4 VENDOR STAFF RESUMES – Please note this section is optional.

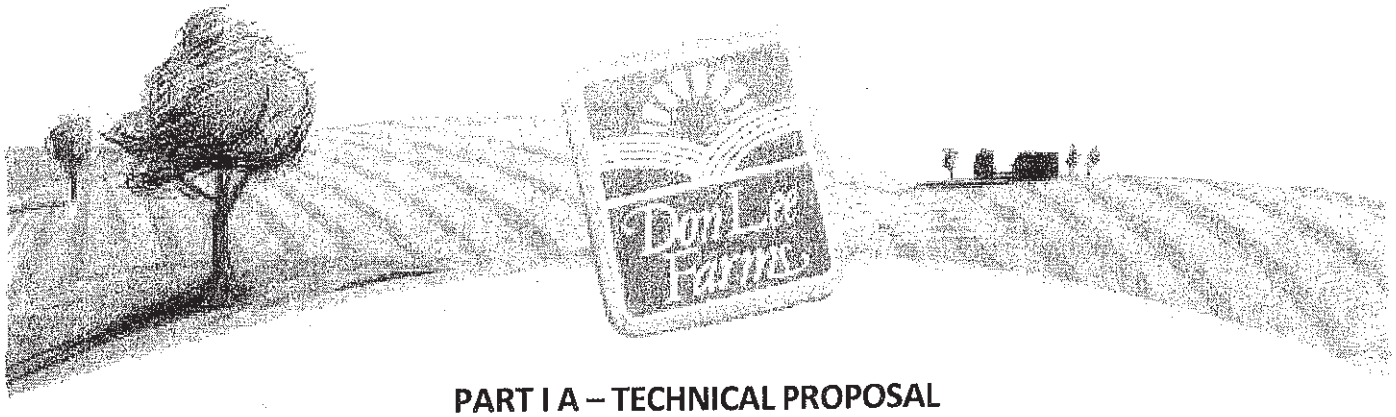
Resumes may be completed for each proposed key personnel responsible for performance under any contract resulting from this RFP per ***Attachment G, Proposed Staff Resume.***



PART I A – TECHNICAL PROPOSAL

Business References

Reference #:	*1*		
Company Name:	*GOODMAN FOOD PRODUCTS dba DON LEE FARMS*		
Identify role company will have for this RFQ project (Check appropriate role below):			
X	*VENDOR*		*SUBCONTRACTOR*
Project Name:	*GARDEN GROVE UNIFIED SCHOOL DISTRICT*		
Primary Contact Information			
Name:	*AGNES LALLY*		
Street Address:	*10331 STANFORD AVENUE*		
City, State, Zip	*GARDEN GROVE, CA 92840*		
Phone, including area code:	*(714) 663-6155*		
Facsimile, including area code:	*(714) 663-6250*		
Email address:	*alally@ggusd.us*		
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:	*COMMODITY PROCESSING*		
Original Project/Contract Start Date:	*JULY 2015*		
Original Project/Contract End Date:	*JUNE 2016*		
Original Project/Contract Value:	*$100,000 PER SCHOOL YEAR*		
Final Project/Contract Date:	*CURRENTLY UNDER CONTRACT*		
Was project/contract completed in time originally allotted, and if not, why not?	*CURRENTLY UNDER CONTRACT*		
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	*CURRENTLY UNDER CONTRACT*		



PART I A – TECHNICAL PROPOSAL

Business References

Reference #:	*2*		
Company Name:	*GOODMAN FOOD PRODUCTS dba DON LEE FARMS*		
Identify role company will have for this RFQ project (Check appropriate role below):			
X	*VENDOR*		*SUBCONTRACTOR*
Project Name:	*PALM SPRINGS UNIFIED SCHOOL DISTRICT*		
Primary Contact Information			
Name:	*STEPHANIE BRUCE*		
Street Address:	*2901 ALEJO ROAD*		
City, State, Zip	*PALM SPRINGS, CA 92262*		
Phone, including area code:	*(760) 322-4117 x9*		
Facsimile, including area code:	*(760) 416-6161*		
Email address:	*sbruce@psusd.us*		
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:	*COMMODITY PROCESSING*		
Original Project/Contract Start Date:	*JULY 2015*		
Original Project/Contract End Date:	*JUNE 2016*		
Original Project/Contract Value:	*$100,000 PER SCHOOL YEAR*		
Final Project/Contract Date:	*CURRENTLY UNDER CONTRACT*		
Was project/contract completed in time originally allotted, and if not, why not?	*CURRENTLY UNDER CONTRACT*		
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	*CURRENTLY UNDER CONTRACT*		

PART I A – TECHNICAL PROPOSAL

Business References

Reference #:	***3***		
Company Name:	***GOODMAN FOOD PRODUCTS dba DON LEE FARMS***		
Identify role company will have for this RFQ project (Check appropriate role below):			
X	***VENDOR***		***SUBCONTRACTOR***
Project Name:	***DESERT SANDS UNIFIED SCHOOL DISTRICT***		
Primary Contact Information			
Name:	***DAN CAPELLO***		
Street Address:	***47-950 DUNE PALMS ROAD***		
City, State, Zip	***LA QUINTA, CA 92253***		
Phone, including area code:	***(760) 771-8559***		
Facsimile, including area code:	***(760) 771-8505***		
Email address:	***sbruce@psusd.us***		
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:	***COMMODITY PROCESSING***		
Original Project/Contract Start Date:	***JULY 2015***		
Original Project/Contract End Date:	***JUNE 2016***		
Original Project/Contract Value:	***$100,000 PER SCHOOL YEAR***		
Final Project/Contract Date:	***CURRENTLY UNDER CONTRACT***		
Was project/contract completed in time originally allotted, and if not, why not?	***CURRENTLY UNDER CONTRACT***		
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***CURRENTLY UNDER CONTRACT***		

State of Nevada
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300
Carson City, NV 89701

Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

BUSINESS REFERENCE'S RESPONSE TO REFERENCE QUESTIONNAIRE FOR

STATE OF NEVADA REQUEST FOR PROPOSAL (RFP) 3237

USDA FOODS PROCESSING

PART A – TO BE COMPLETED BY PROPOSING VENDOR – *Please type or print*	
Name of Company Submitting Proposal:	Goodman Food Products, dba Don Lee Farms

PART B – IF APPLICABLE, NAME OF COMPANY ACTING AS SUBCONTRACTOR FOR VENDOR IDENTIFIED IN PART A – *Please type or print*	
Name of Subcontractor:	N/A

PART C – BUSINESS REFERENCE INSTRUCTIONS	
1.	This Reference Questionnaire is being submitted to your organization for completion as a business reference for the company listed in Part A or Part B, above.
2.	Business reference is requested to submit the completed Reference Questionnaire via email or facsimile to: State of Nevada, Purchasing Division Subject: ***RFP 3237*** ***Attention:*** ***Purchasing Division*** Email: rfpdocs@admin.nv.gov Fax: 775-684-0188 Please reference the RFP number in the subject line of the email or on the fax.
3.	The completed Reference Questionnaire **MUST** be received ***no later than 4:30 PM PT 04/21/16***
4.	Do **NOT** return the Reference Questionnaire to the Proposer (Vendor).
5.	In addition to the Reference Questionnaire, the State may contact references by phone for further clarification, if necessary.
6.	Questions regarding the Reference Questionnaire or process should be directed to the individual identified on the RFP cover page.
7.	When contacting the State, please be sure to include the RFP number listed at the top of this page.
8.	We request all questions be answered. If an answer is not known please answer as "U/K". If the question is not applicable please answer as "N/A".
9.	If you need additional space to answer a question or provide a comment, please attach additional pages. If attaching additional pages, please place your company/organization name on each page and reference the RFP # noted at the top of this page.

PART D – COMPANY PROVIDING REFERENCE – *Please type or print* CONFIDENTIAL INFORMATION WHEN COMPLETED	
Company Providing Reference:	Palm Springs USD – Nutrition Services
Contact Name:	Stephanie Bruce
Title:	Director of Food Services
Contact Telephone:	760-322-4117 ext. 9
Contact Email Address:	sbruce@psusd.us

RATING SCALE:

Where a rating is requested and using the Rating Scale provided below, rate the following questions by noting the appropriate number for each item. Please provide any additional comments you feel would be helpful to the State regarding this contractor.

Category	Rating
Poor or Inadequate Performance	0
Below Average Performance	1 – 3
Average Performance	4 – 6
Above Average Performance	7 – 9
Excellent Performance	10

PART E – QUESTIONS:

1. In what capacity have you worked with this vendor in the past?

2. Rate the firm's knowledge and expertise.	**RATING:**
Comments:	

3. Rate the vendor's flexibility relative to changes in the project scope and timelines.	**RATING:**
Comments:	

4. Rate your level of satisfaction with hard copy materials produced by the vendor.	**RATING:**
Comments:	

5. Rate the dynamics/interaction between the vendor and your staff.	**RATING:**
Comments:	

6. Rate your satisfaction with the products developed by the vendor.	**RATING:**
Comments:	

7. Rate how well the agreed upon, planned schedule was consistently met and deliverables provided on time. *(This pertains to delays under the control of the vendor.)*	**RATING:**
Comments:	

8. Rate the overall customer service and timeliness in responding to customer service inquiries, issues and resolutions.	**RATING:**
Comments:	

9. Rate the knowledge of the vendor's assigned staff and their ability to accomplish duties as contracted.	**RATING:**
Comments:	

10. Rate the accuracy and timeliness of the vendor's billing and/or invoices.	**RATING:**
Comments:	

11. Rate the vendor's ability to quickly and thoroughly resolve a problem related to the services provided.	**RATING:**
Comments:	

12. Rate the vendor's flexibility in meeting business requirements.	**RATING:**
Comments:	

13. Rate the likelihood of your company/organization recommending this vendor to others in the future.	**RATING:**
Comments:	

14. With which aspect(s) of this vendor's services are you most satisfied?
Comments:

15. With which aspect(s) of this vendor's services are you least satisfied?
Comments:

16. Would you recommend this vendor to your organization again?
Comments:

PART F – GENERAL INFORMATION:

1. During what time period did the vendor provide these services for your organization?				
Month/Year:		TO:	Month/Year:	

State of Nevada
Department of Administration

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BUSINESS REFERENCE'S RESPONSE TO REFERENCE QUESTIONNAIRE FOR

STATE OF NEVADA REQUEST FOR PROPOSAL (RFP) 3237

USDA FOODS PROCESSING

PART A – TO BE COMPLETED BY PROPOSING VENDOR – *Please type or print*	
Name of Company Submitting Proposal:	Goodman Food Products, dba Don Lee Farms

PART B – IF APPLICABLE, NAME OF COMPANY ACTING AS SUBCONTRACTOR FOR VENDOR IDENTIFIED IN PART A – *Please type or print*	
Name of Subcontractor:	N/A

PART C – BUSINESS REFERENCE INSTRUCTIONS	
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8.	We request all questions be answered. If an answer is not known please answer as "U/K". If the question is not applicable please answer as "N/A".
9.	If you need additional space to answer a question or provide a comment, please attach additional pages. If attaching additional pages, please place your company/organization name on each page and reference the RFP # noted at the top of this page.

PART D – COMPANY PROVIDING REFERENCE – *Please type or print* CONFIDENTIAL INFORMATION WHEN COMPLETED	
Company Providing Reference:	Desert Sands Unified School District
Contact Name:	Dan Cappello
Title:	Director of Nutrition Services
Contact Telephone:	760-771-8560
Contact Email Address:	Daniel.cappello@desertsands.us

RATING SCALE:

Where a rating is requested and using the Rating Scale provided below, rate the following questions by noting the appropriate number for each item. Please provide any additional comments you feel would be helpful to the State regarding this contractor.

Category	Rating
Poor or Inadequate Performance	0
Below Average Performance	1 – 3
Average Performance	4 – 6
Above Average Performance	7 – 9
Excellent Performance	10

PART E – QUESTIONS:

1. In what capacity have you worked with this vendor in the past?

2. Rate the firm's knowledge and expertise. **RATING:**

Comments:

3. Rate the vendor's flexibility relative to changes in the project scope and timelines. **RATING:**

Comments:

4. Rate your level of satisfaction with hard copy materials produced by the vendor. **RATING:**

Comments:

5. Rate the dynamics/interaction between the vendor and your staff. **RATING:**

Comments:

6. Rate your satisfaction with the products developed by the vendor. **RATING:**

Comments:

7. Rate how well the agreed upon, planned schedule was consistently met and deliverables provided on time. *(This pertains to delays under the control of the vendor.)*	**RATING:**
Comments:	

8. Rate the overall customer service and timeliness in responding to customer service inquiries, issues and resolutions.	**RATING:**
Comments:	

9. Rate the knowledge of the vendor's assigned staff and their ability to accomplish duties as contracted.	**RATING:**
Comments:	

10. Rate the accuracy and timeliness of the vendor's billing and/or invoices.	**RATING:**
Comments:	

11. Rate the vendor's ability to quickly and thoroughly resolve a problem related to the services provided.	**RATING:**
Comments:	

12. Rate the vendor's flexibility in meeting business requirements.	**RATING:**
Comments:	

13. Rate the likelihood of your company/organization recommending this vendor to others in the future.	**RATING:**
Comments:	

14. With which aspect(s) of this vendor's services are you most satisfied?
Comments:

15. With which aspect(s) of this vendor's services are you least satisfied?
Comments:

16. Would you recommend this vendor to your organization again?
Comments:

PART F – GENERAL INFORMATION:

1. During what time period did the vendor provide these services for your organization?				
Month/Year:		TO:	Month/Year:	

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BUSINESS REFERENCE'S RESPONSE TO REFERENCE QUESTIONNAIRE FOR

STATE OF NEVADA REQUEST FOR PROPOSAL (RFP) 3237

USDA FOODS PROCESSING

PART A – TO BE COMPLETED BY PROPOSING VENDOR – *Please type or print*	
Name of Company Submitting Proposal:	Goodman Food Products, dba Don Lee Farms

PART B – IF APPLICABLE, NAME OF COMPANY ACTING AS SUBCONTRACTOR FOR VENDOR IDENTIFIED IN PART A – *Please type or print*	
Name of Subcontractor:	N/A

PART C – BUSINESS REFERENCE INSTRUCTIONS	
1.	This Reference Questionnaire is being submitted to your organization for completion as a business reference for the company listed in Part A or Part B, above.
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7.	When contacting the State, please be sure to include the RFP number listed at the top of this page.
8.	We request all questions be answered. If an answer is not known please answer as "U/K". If the question is not applicable please answer as "N/A".
9.	If you need additional space to answer a question or provide a comment, please attach additional pages. If attaching additional pages, please place your company/organization name on each page and reference the RFP # noted at the top of this page.

PART D – COMPANY PROVIDING REFERENCE – *Please type or print* CONFIDENTIAL INFORMATION WHEN COMPLETED	
Company Providing Reference:	Garden Grove Unified School District
Contact Name:	Agnes, Lally, M.S.
Title:	Director, Food Services
Contact Telephone:	714-633-6155
Contact Email Address:	alally@ggusd.us

RATING SCALE:

Where a rating is requested and using the Rating Scale provided below, rate the following questions by noting the appropriate number for each item. Please provide any additional comments you feel would be helpful to the State regarding this contractor.

Category	Rating
Poor or Inadequate Performance	0
Below Average Performance	1 – 3
Average Performance	4 – 6
Above Average Performance	7 – 9
Excellent Performance	10

PART E – QUESTIONS:

1. In what capacity have you worked with this vendor in the past?

2. Rate the firm's knowledge and expertise.	**RATING:**
Comments:	

3. Rate the vendor's flexibility relative to changes in the project scope and timelines.	**RATING:**
Comments:	

4. Rate your level of satisfaction with hard copy materials produced by the vendor.	**RATING:**
Comments:	

5. Rate the dynamics/interaction between the vendor and your staff.	**RATING:**
Comments:	

6. Rate your satisfaction with the products developed by the vendor.	**RATING:**
Comments:	

7. Rate how well the agreed upon, planned schedule was consistently met and deliverables provided on time. *(This pertains to delays under the control of the vendor.)*	**RATING:**
Comments:	

8. Rate the overall customer service and timeliness in responding to customer service inquiries, issues and resolutions.	**RATING:**
Comments:	

9. Rate the knowledge of the vendor's assigned staff and their ability to accomplish duties as contracted.	**RATING:**
Comments:	

10. Rate the accuracy and timeliness of the vendor's billing and/or invoices.	**RATING:**
Comments:	

11. Rate the vendor's ability to quickly and thoroughly resolve a problem related to the services provided.	**RATING:**
Comments:	

12. Rate the vendor's flexibility in meeting business requirements.	**RATING:**
Comments:	

13. Rate the likelihood of your company/organization recommending this vendor to others in the future.	**RATING:**
Comments:	

14. With which aspect(s) of this vendor's services are you most satisfied?
Comments:

15. With which aspect(s) of this vendor's services are you least satisfied?
Comments:

16. Would you recommend this vendor to your organization again?
Comments:

PART F – GENERAL INFORMATION:

1. During what time period did the vendor provide these services for your organization?				
Month/Year:		TO:	Month/Year:	

PART I A – TECHNICAL PROPOSAL

Attachment G – Proposed Staff Resumes

PROPOSED STAFF RESUME FOR RFP 5237

Company Name Submitting Proposal:	*Don Lee Farms*

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	*X*	Subcontractor:	

The following information requested pertains to the individual being proposed for this project.

Name:	*Marianne Orr*	Key Personnel: (Yes/No)	*Yes*
Individual's Title:	*Regional Sales Manager - West*		
# of Years in Classification:	*18*	# of Years with Firm:	*4*

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

I have enjoyed working in the Education channel for the past 22 years. Each position I've held has increased my knowledge and has given me the opportunity to learn the following skills including Product Marketing, Key Account Development, New Product launches, Training, Negotiations and Customer Relations. Along with strong customer service abilities.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Coca Cola Bottling Education Sales Rep and District Sales Manager 1994-1999
Quaker Oats West Education Manager 1999-2002
Schwans Food Service - Regional Sales Manager- Education 2002- 2004
Boden Food Sales – School Sales Manager 2004-2006
Schwans Food Service – Regional Sales Manager West – Education 2006-2011
Don Lee Farms – Regional Sales Manager 2011- Present

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

Orange Coast College – 1979-1981- General Education

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Southern California SNA Elected Industry Advisor – 2007-2008
CSNA Elected Industry Advisory – 2010-2011
Don Flahiff Industry Appreciation Award – CSNA 2015

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Stacy Sagowitz – President School Nutrition Services. (714) 815-6333 ssagowitz@snservices.com
Marlene Trieschman – Key Account Manager – Key Impact Sales (714) 743-5220
MTrieschman@kisales.com
Mr. Bill Donelson – Market Manager Arizona – Key Impact Sales (602) 999-5048
bdonelson@kisales.com

Company Name Submitting Proposal:	Don Lee Farms

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	X	Subcontractor:	

The following information requested pertains to the individual being proposed for this project.

Name:	Jean D. Harris, Ph.D.	Key Personnel: (Yes/No)	Yes
Individual's Title:	Regional Sales Manager - West		
# of Years in Classification:	31	# of Years with Firm:	7

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Dr. Harris was the only industry member to serve on the Business Processing Engineering Team (Food Distribution 2000); served as an expert reviewer for the Institute of Medicine's Nutritional Standards and Meal Requirements for the National School Lunch and Breakfast Program (Phase 1: Proposed Approach for Recommending Revisions); served as elected Industry representative on the School Nutrition Association's (SNA) Executive Board as well as on several national committees-Research, Public Policy and Legislation; served as chair of co-chair of the American Commodity Distribution Association's (ACDA)Processing Committee for over 12 years; served as elected Industry Representative on the ACDA Board; currently serving on USDA's Business Process Initiative team; named Industry Member of the Year by SNA; served on the Child Nutrition Institute's Governing Board for 2 terms; sat on SNA Panel of Experts to review and make recommendations on the National Menu Standards for NSLP and NSBP among other activities directly pertaining to the school feeding program as well as further processing of USDA Foods.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Pierre Foods VP Government Relations 20 years-directed and managed school initiatives and relations with SNA and USDA; directed New Product Development and marketing to schools
IBP (now Tyson Foods) VP Non-Commercial Sales-developed program for fully cooked value added products to be sold to schools, business and industry accounts, and national chains. 6 years
Don Lee Farms-Senior VP Sales Manage and direct all activities pertaining to the school channel 7 years

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

Ph.D. conferred 1990 Clinical Psychology and Business—combine degree through Higher Education
Post-doctoral studies in Arbitration—certified as labor relations arbitrator; strategic planning-American Management Association

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

See above

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Barry Sackin President of B. Sackin and Associates 951 240 9104 barry@sackinassociates.com
Mimi Ford VP J&J Snack Foods Corp 301 447 2132 mford@jjsnack.com
Joanne Kinsey Director of School Nutrition Services Chesapeake City Public Schools 757 547 1470 joanne.kinsey@cpschools.com

PART I A – TECHNICAL PROPOSAL

Informational Material

Attachment L – SPA State Processing Agreement

Attachment M -- Nutritional Specifications Guidelines

NATIONAL PROCESSING AGREEMENT (NPA)
STATE PARTICIPATION AGREEMENT (SPA)

This Agreement is subject to the terms and conditions set forth in the National Processing Agreement made by and between the U.S. Department of Agriculture, Food and Nutrition Service and Goodman Food Products (Processor).
Goodman Food Products (Processor) duly attests that no alterations have been made to the ACDA Core State Participation Agreement (SPA).

Nevada Department of Agriculture	Don Lee Farms (A div of Goodman Food Products)
State Distributing Agency	**Processor**
	Federal EIN: 95-3689668
Catrina Peters	Donald S. Goodman
Name	**Name**
School Nutrition Services Manager	President
Title	**Title**
405 S 21st Street	200 East Beach Avenue
Address	**Address**
Sparks NV 89431	Inglewood, CA 90302
City, State, Zip	**City, State, Zip**
	Joan Mockenhaupt
Contact	**Contact**
Phone 775-353-3751	**Phone** (310) 674-3180 Ext. 132
Fax 775-353-3749	**Fax** (310) 673-7008
cpeters@agri.nv.gov	joan.mockenhaupt@donleefarms.com
E-mail	**E-mail**
agri.nv.gov	www.donleefarms.com
Web Address	**Web Address**
Signature _____	Signature _____
Date _____	Date 4/6/16

Period of Agreement: This Agreement shall become effective on July 1, 20 16 and will terminate on or before June 30, 20 17 pursuant to USDA Policy Memorandum FD-048 (Maximum of 5 years). Additionally, the SPA may be amended as necessary should any of the information change during the agreement period. This Agreement shall not be amended except by a written agreement signed by the parties hereto.

Agreement Termination: This agreement may be terminated by either party upon 30 days written notice. Disposition of the USDA Foods inventory shall be in accordance with Article 20 of the National Processing Agreement.

Hold/Recall Contact Information: At a minimum, the State and processor must provide each other with the following hold and recall contact information:

Primary point of contact

- Name
- Telephone number
- Mobile phone number
- Fax number
- Email address

A back-up contact if the primary is unavailable

- Name
- Telephone number
- Mobile phone number
- Fax number
- Email address

1. **Value Pass Through Systems.** State Agency will indicate which value pass through systems are acceptable in their State. Processor will indicate which value pass through systems they desire to use in the State and have been approved by USDA in the NPA (National Processing Agreement).

Permitted By State	Value Pass Through System	Selected by Processor
☐	Direct Sale	☐
☐	Refund to Recipient Agency	☐
☐	Net Price Through Distributor (NOI)*	☐
☐	Alternate Value Pass Thru System* (requires FNS approval)	☐
✓	Fee for Service – billed by processor	✓
☐	Fee for Service – billed by distributor	☐

*Sales Verification Required

If sales verification is required, check one:

☐ State delegates sales verification to the processor [see 7 CFR 250.19(2)(vi)(C)]

Processor should submit their Sales Verification Plan to the State Agency.

☐ State will conduct sales verification

2. **Summary End Product Data Schedules (SEPDS).** Processor will submit SEPDS to State with the completed State Participation Agreement. The SEPDS contains summary information from approved EPDS and a master SEPDS approved by USDA. Processor may select specific EPDS for processing in a given

State. The State also has the option to accept or reject individual products listed on the SEPDS and, in the case of multiple USDA Foods available for processing, may accept or reject certain USDA Foods for processing. Note: the case weight listed on the SEPDS **MUST** match the label on the finished case.

Do you use a subcontractor for the production of any items covered in this agreement? ☐ Yes ☒ No

If yes, please identify the subcontractor by name, address, USDA plant number, and each item produced.

_____

_____

_____

Processor must provide written notification to the State Agency of any change(s) to the SEPDS including the nature of the change(s); notification may be made electronically.

3. **CN Labeling.** Products, which contribute toward the school meal pattern requirements, may qualify for CN labeling. State should check those that apply.

   ☐ CN Labeling is optional. Recipient Agencies may request CN labeled products.

   ☒ CN Labeling is required, if applicable, for the processed product.

   ☐ Submit CN labels with SEPDS.

4. **Nutritional Information.** Recipient Agencies need nutritional information to comply with USDA regulations. State should check those that apply:

   ☒ Processor must provide nutrition information to RA upon request.

   ☐ Processor's nutrition information has been submitted to USDA Database.

   ☐ Processor's nutrition information is available on their web site.

   (Provide the web address) www.donleefarms.com

   ☒ Processor must submit nutrition information with the SEPDS

5. **Grading.** Red Meat grading will be performed under (check one)

   ☐ Full Certification per AMS Instruction MGC 640 (formerly known as Option 2 grading)

   ☒ PCCP per AMS Instruction MGC 638

6. **By products.** If by products are produced, describe method of valuation and credit.

_____

_____

_____

7. **List of Eligible Recipient Agencies.** State will provide a list of eligible Recipient Agencies to the processor upon State approval of the State Participation Agreement.

8. **Backhauling of USDA Foods.** If backhauling is permitted, processor must notify the State before backhauling products. Please check those that apply.

   State permits backhauling ☐ Yes ☒ No

   Backhauling permitted from State Warehouse ☐ School District ☐

   State requires attached form for requesting approval to backhaul ☐ Yes ☐ No

9. **Special Instructions for Delivery of End Product to Designated Delivery Locations:**

_____

_____

_____

10. **Electronic Receipting for USDA Foods (FD-062)**

    Processor must register on the USDA's Web Supply Chain Management (WBSCM) or other applicable USDA system(s). Please register immediately after receiving business partner identification number.

    Processor is required to enter all shipment receipts within three business days of delivery, using the Web Supply Chain Management (WBSCM) Shipment Receipt Function. (USDA FD Memo-062).

11. **Additional State Requirements.**

Hold/Recall Contact Information

State Agency: Nevada Department of Agriculture

PROCESSOR HOLD AND RECALL CONTACT INFORMATION

Name of Processor: Don Lee Farms

Primary Contact

Name: Donald S. Goodman

Office Telephone Number: (310) 674-3180 Ext. 125

Mobile Telephone Number: (310) 292-1002

Fax Number: (310) 673-7008

Email Address: donald@donleefarms.com

Back-up Contact

Name: Gerber Alvarado

Office Telephone Number: (310) 674-3180 Ext. 150

Mobile Telephone Number: (562) 355-2550

Fax Number: (310) 673-7008

Email Address: gerber.alvarado@donleefarms.com

PLEASE COMPLETE AND RETURN ALONG WITH THE SPA AND NOTIFY THE STATE AGENCY IMMEDIATELY AS CHANGES OCCUR

Nutritional Guidelines for Processed End Products
Each product item must meet all nutrition specifications
REVISED April 6, 2016

Component Group	Food Group and Item	Calories Min	Calories Max	Saturated fat (grams) **Not to Exceed**	Sodium (mg) **Not to Exceed**	Portion size	Meat Equivalent **Must be at least**	Grain Equivalent **Must be at least**	Whole Grain Rich? **Y/N**	Veg (cups)	Veg Subgroup	Fruit (cups)
	Group 1 - Beef											
M	Fully Cooked Beef Pattie - 100% Beef, Bulk Pack	150	300	4.5	260	≥2.00 oz.	2	NA	NA	0	NA	0
Gr/M	Fully Cooked Cheeseburger Sliders, IW	270	350	3	475	≥4.25 oz.	2	2	Y	0	NA	0
	Group 2 - Cheese Pizza											
Gr/M/V	Whole Grain Cheese Pizza, Rectangle, Bulk Pack	300	400	6.25	575	≥4.0 oz.	2	2	Y	0.125	Red/Org	0
Gr/M/V	Whole Grain Cheese Pizza, Rectangle, IW	300	400	6	510	≥4.0 oz.	2	2	Y	0.125	Red/Org	0
	Group 3 - Pepperoni Pizza											
Gr/M/V	Whole Grain Pepperoni Pizza, Rectangle, Bulk Pack	300	400	6.25	650	≥4.0 oz.	2	2	Y	0.125	Red/Org	0
Gr/M	3x5 Whole Grain Pepperoni Pizza, Rectangle, IW	290	400	6	600	≥4.0 oz.	2	2	Y	0.125	Red/Org	0
	Group 4 - Breakfast Pizza											
Gr/M	Whole Grain, Turkey Sausage Breakfast Sausage Cheese Pizza, Rectangle, Bulk Packed	175	250	3.75	480	≥3.0 oz.	1	1	Y	0.125	Red/Org	0
GR/M/V	Whole Grain Turkey Sausage Breakfast Pizza Rectangle IW	240	300	2.5	500	≥3.0 oz.	1	1	Y	0.125	Red/Org	0
	Group 5 - Chicken Nuggets and Popcorn Chicken											
Gr/M	Whole Grain Chicken Nuggets--Pressed and formed	250	400	4	600	≥4.0 oz.	2	1	Y	0	NA	0
Gr/M	Whole Grain Popcorn Chicken-Pressed and formed	200	400	4.0	400	≥ 12 Pieces	2	1	Y	0	NA	0
	Group 6 - Chicken Patties											

Component Group	Food Group and Item	Calories Min	Calories Max	Saturated fat (grams) **Not to Exceed**	Sodium (mg) **Not to Exceed**	Portion size	Meat Equivalent **Must be at least**	Grain Equivalent **Must be at least**	Whole Grain Rich? **Y/N**	Veg (cups)	Veg Subgroup	Fruit (cups)
Gr/M	Whole Grain Hot & Spicy Chicken Pattie-Pressed and formed	175	400	4	515	1 Pattie ≥ 3.00 oz.	2	1	Y	0	NA	0
Gr/M	Whole Grain Chicken Pattie-Pressed and Formed	175	400	4	515	1 Pattie ≥ 3.00 oz.	2	1	Y	0	NA	0
Group 7 - Whole Muscle Chicken and Chicken Sausage												
Gr/M	Whole Grain Breaded Chicken Strip - Whole Muscle	200	400	2.5	500	≥3.0 oz.	2	1	Y	0	NA	0
M	Chicken Sausage Pattie	100	200	2.5	300	≥ 1.25 oz.	1	NA	NA	0	NA	0
Gr/M	Whole Grain Breaded Chicken Breast Chunks-Whole Muscle	200	400	2.5	500	≥3.0 oz.	2	1	Y	0	NA	0
Gr/M	Whole Grain Breaded Chicken Breast Filet--Whole muscle	200	400	2.5	500	≥3.0 oz.	2	1	Y	0	NA	0
Group 8 - Whole Grain Grilled Cheese Sandwich												
Gr/M	Whole Grain Grilled Cheese Sandwich IW	200	350	4.5	500	≥ 3.0 oz.	1.5	2	Y	0	NA	0
Group 9 -Fish												
Gr/M	Whole Grain Pollock Rectangle	150	160	1	250	≥ 3.5 oz.	2	1	Y	0	NA	0
Gr/M	Whole Grain Pollock Sticks	175	210	1	250	≥ 3.9 oz.	2	1.5	Y	0	NA	0
Group 10 - Chalupa												
Gr/M	Beef & Cheese Chalupa IW	225	300	6	410	≥ 3.0 oz.	2	1	Y	0	NA	0
Group 11 - Frozen Burritos												
Gr/M	Whole Grain Bean & Cheese Burrito, IW	275	350	3.75	500	≥ 5.0 oz.	2	2	Y	0	NA	0
Gr/M	Whole Grain Cheese & Turkey Breakfast Burrito, IW	200	350	3.0	215	≥ 2.5 oz.	1	1	Y	0	NA	0

Component Group	Food Group and Item	Calories Min	Calories Max	Saturated fat (grams) **Not to Exceed**	Sodium (mg) **Not to Exceed**	Portion size	Meat Equivalent **Must be at least**	Grain Equivalent **Must be at least**	Whole Grain Rich? **Y/N**	Veg (cups)	Veg Subgroup	Fruit (cups)
	Group 12 - Cheese Quesadilla											
Gr/M	Cheese Quesadilla	280	400	6	600	≥ 2.5 oz.	2	2	Y	0	NA	0
	Group 13 - Turkey											
M	Sliced Turkey Breast	100	400	1.5	350	≥ 3.0 oz.	2	0	NA	0	NA	0
M	Turkey Ham	90	150	1.5	540	≥ 3.0 oz.	2	0	NA	0	NA	0
M	Uncured Turkey Frank	120	300	2.5	260	≥ 2 oz.	2	0	NA	0	NA	0
	Group 14 - Shredded and Sliced Cheese											
M	Shredded Mozzarella Cheese	75	150	3.5	250	1 oz.	1	0	NA	0	NA	0
M	160 Slice American Cheese	75	150	6	475	1 oz.	1	0	NA	0	NA	0
	Group 15 - String Cheese/Cheese Sticks											
M	String Cheese Mozzarella	75	150	3.5	210	1 oz.	1	0	NA	0	NA	0
M	Colby Jack Cheese Stick	75	110	6	200	1 oz.	1	0	NA	0	NA	0
	Group 16 - Nacho Cheese Sauce											
M	Nacho Cheese Sauce	100	150	6	600	3 oz.	1	0	NA	0	NA	0
	Group 17 - Applesauce											
F	Cinnamon Applesauce Unsweetened	50	100	0	15	4.0 oz.	0	0	NA	0	NA	1/2
F	Strawberry Applesauce Unsweetened	50	100	0	15	4.0 oz.	0	0	NA	0	NA	1/2
	Group 18 - Shelf Stable Fruit Cups											

Component Group	Food Group and Item	Calories Min	Calories Max	Saturated fat (grams) **Not to Exceed**	Sodium (mg) **Not to Exceed**	Portion size	Meat Equivalent **Must be at least**	Grain Equivalent **Must be at least**	Whole Grain Rich? **Y/N**	Veg (cups)	Veg Subgroup	Fruit (cups)
F	Peach Cups, Shelf Stable	50	100	0	15	4.0 oz.	0	0	NA	0	NA	1/2
F	Mixed Fruit Cups, Shelf Stable	50	100	0	15	4.0 oz.	0	0	NA	0	NA	1/2
V	Pear Cups, Shelf Stable	50	100	0	15	4.0 oz.	0	0	NA	0	NA	1/2
Group 19 - Chicken-Asian Food												
M	Chicken (Mandarin, Orange, Tangerine)	150	300	2	300	≥ 3.0 oz.	2	0	NA	0	NA	0
M	Chicken Teriyaki	100	300	2	500	≥ 2.0 oz.	2	0	NA	0	NA	0
Group 20 - BBQ Teriyaki Bowl												
Gr/M	BBQ Chicken Teriyaki & Brown Rice Bowl	228	350	2	500	≥ 8 oz.	2	1.5	Y	0	NA	0

Description Key
FC = Fully Cooked
WG = Whole Grain
IW = Individually Wrapped

GOODFOO-02 JSCHIRTZ

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/5/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0757776
Santa Barbara, CA - HUB International Insurance Services Inc.
P O Box 3310
Santa Barbara, CA 93130-3310

CONTACT NAME:
PHONE (A/C, No, Ext): (805) 682-2571 FAX (A/C, No): (805) 617-1767
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Peerless Insurance Company	24198
INSURER B : National Union Fire Insurance Company of Pittsburg, PA	19445
INSURER C : American States Insurance Company	19704
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Goodman Food Products Inc dba Don Lee Farms
200 E. Beach Avenue
Inglewood, CA 90302

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			CBP8039389	04/01/2016	04/01/2017	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			BA8077582	04/01/2016	04/01/2017	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR			BE041566666	04/01/2016	04/01/2017	EACH OCCURRENCE	$ 25,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 25,000,000
	DED X RETENTION $ 10,000							$ 25,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			01WC399144 40	04/01/2016	04/01/2017	PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N	N / A					E.L. EACH ACCIDENT	$ 1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
** Supplemental Name **
Don Lee Farms, A dba of Goodman Food Products, Inc.

RE: RFQ 1920 The State of Nevada is included as an additional insured with respects to liability arising out of the activities performed by, or on behalf of the Contractor per attached Liability form #GECG 602 (01/11) as required by written contract. Thi

CERTIFICATE HOLDER

Nevada State Food Distribution Program
2250 Barnett Way
Reno, NV 89512

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL LIABILITY GOLD ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SECTION I – COVERAGES

COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY

2. Exclusions

Item 2.g. 2) is replaced with the following:

2.g. 2) A watercraft you do not own that is:

a) less than 50 feet long; and

b) Not being used to carry persons or property for a charge.

Item 2.g. 6) is added:

6) An aircraft in which you have no ownership interest and that you have chartered with crew.

The last paragraph of 2. Exclusions is replaced with the following:

Exclusions c. through n. do not apply to damage by fire, explosion, sprinkler leakage, or lightning to premises while rented to you, temporarily occupied by you with the permission of the owner, or managed by you under a written agreement with the owner. A separate limit of insurance applies to this coverage as described in **Section III – Limits of Insurance.**

SECTION I – COVERAGES

COVERAGE C. MEDICAL PAYMENTS

If Medical Payments Coverage is provided under this policy, the following is changed:

3. Limits

The medical expense limit provided by this policy shall be the greater of:

a. $10,000; or

b. The amount shown in the declarations.

Coverage C. Medical Payments is primary and not contributing with any other insurance, even if that other insurance is also primary.

The following is added:

COVERAGE D. PRODUCT RECALL NOTIFICATION EXPENSES

Insuring Agreement

We will pay "product recall notification expenses" incurred by you for the withdrawal of your products, provided that:

a. Such withdrawal is required because of a determination by you during the policy period, that the use or consumption of your products could result in "bodily injury" or "property damage"; and

b. The "product recall notification expenses" are incurred and reported to us during the policy period.

The most we will pay for "product recall notification expenses" during the policy period is $100,000.

SUPPLEMENTARY PAYMENTS – COVERAGES A AND B

Item b. and d. are replaced with:

b. The cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit" including actual loss of earnings up to $500 a day because of time off from work.

Includes copyrighted material of Insurance Services Offices Inc., with its permission.

SECTION II – WHO IS AN INSURED

Item 4. is replaced with:

4. Any subsidiaries, companies, corporations, firms, or organizations you acquire or form during the policy period over which you maintain a controlling interest of greater than 50% of the stock or assets, will qualify as a Named Insured if:

   a) you have the responsibility of placing insurance for such entity; and

   b) coverage for the entity is not otherwise more specifically provided; and

   c) the entity is incorporated or organized under the laws of the United States of America.

   However; coverage under this provision does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the entity, or "personal injury" or "advertising injury" arising out of an offense committed before you acquired or formed the entity.

   Coverage under this provision is afforded only until the end of the policy period, or the twelve (12) month anniversary of the policy inception date whichever is earlier.

SECTION III – LIMITS OF INSURANCE

Paragraph 2 is amended to include:

The General Aggregate Limit of Insurance applies separately to each "location" owned by you, rented to you, or occupied by you with the permission of the owner.

Paragraph 6. is replaced with the following:

6. Subject to 5. above, the Fire Damage Limit is the most we will pay under Coverage A for damages because of "property damage" to premises while rented to you, temporarily occupied by you with permission of the owner, or managed by you under a written agreement with the owner, arising out of any one fire, explosion or sprinkler leakage incident.

The Fire Damage Limit provided by this policy shall be the greater of:

   a. $500,000; or

   b. The amount shown in the Declarations.

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS

Item 2. a. is replaced with:

2. **Duties In The Event of Occurrence, Offense, Claim or Suit**

   a. You must promptly notify us. Your duty to promptly notify us is effective when any of your executive officers, partners, members, or legal representatives is aware of the "occurrence", offense, claim, or "suit". Knowledge of an "occurrence", offense, claim or "suit" by other employee(s) does not imply you also have such knowledge. To the extent possible, notice to us should include:

      1) How, when and where the "occurrence" or offense took place;

      2) The names and addresses of any injured persons and witnesses; and

      3) The nature and location of any injury or damage arising out of the "occurrence", offense, claim or "suit".

Item 4. b. 1) b) is replaced with:

   b. Excess Insurance

      1) b) That is Fire, Explosion or Sprinkler Leakage insurance for premises while rented to you, temporarily occupied by you with permission of the owner, or managed by you under a written agreement with the owner; or

Item 6. is amended to include:

6. **Representations**

   d. If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not deny coverage under this Coverage Part because of such failure. However, this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

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Item 8. is replaced with:

8. Transfer of Rights Of Recovery Against Others To Us

a. If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring suit or transfer those rights to us and help us enforce them.

b. If required by a written "insured contract", we waive any right of recovery we may have against any person or organization because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under that written "insured contract" for that person or organization and included in the "products-completed operations hazard".

Item 10. and Item 11. are added:

10. Cancellation Condition

If we cancel this policy for any reason other than nonpayment of premium we will mail or deliver written notice of cancellation to the first Named Insured at least 60 days prior to the effective date of cancellation.

11. Liberalization

If we adopt a change in our forms or rules which would broaden your coverage without an extra charge, the broader coverage will apply to this policy. This extension is effective upon the approval of such broader coverage in your state.

SECTION V – DEFINITIONS

The following definitions are added or changed:

9. "Insured contract"

a. Is changed to:

a. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire, explosion or sprinkler leakage to premises while rented to you, or temporarily occupied by you with permission of the owner, or managed by you under a written agreement with the owner is not an "insured contract".

23 and 24 are added:

23. "Location" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

24. "Product recall notification expenses" means the reasonable additional expenses (including, but not limited to, cost of correspondence, newspaper and magazine advertising, radio or television announcements and transportation cost), necessarily incurred in arranging for the return of products, but excluding costs of the replacement products and the cash value of the damaged products.

The following Provisions are also added to this Coverage Part:

A. ADDITIONAL INSUREDS – BY CONTRACT, AGREEMENT OR PERMIT

1. Paragraph **2.** under **SECTION II – WHO IS AN INSURED** is amended to include as an insured any person or organization when you and such person or organization have agreed in writing in a contract, agreement or permit that such person or organization be added as an additional insured on your policy to provide insurance such as is afforded under this Coverage Part. Such person or organization is not entitled to any notices that we are required to send to the Named Insured and is an additional insured only with respect to liability arising out of:

a. Your ongoing operations performed for that person or organization; or

b. Premises or facilities owned or used by you.

With respect to provision **1.a.** above, a person's or organization's status as an insured under this endorsement ends when your operations for that person or organization are completed.

With respect to provision **1.b.** above, a person's or organization's status as an insured under this endorsement ends when their contract or agreement with you for such premises or facilities ends.

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2. This endorsement provision **A.** does not apply:

   a. Unless the written contract or agreement has been executed, or permit has been issued, prior to the "bodily injury", "property damage" or "personal and advertising injury";

   b. To "bodily injury" or "property damage" occurring after:

      (1) All work, including materials, parts or equipment furnished in connection with such work, in the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or

      (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project;

   c. To the rendering of or failure to render any professional services including, but not limited to, any professional architectural, engineering or surveying services such as:

      (1) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and

      (2) Supervisory, inspection, architectural or engineering activities;

   d. To "bodily injury", "property damage" or "personal and advertising injury" arising out of any act, error or omission that results from the additional insured's sole negligence or wrongdoing;

   e. To any person or organization included as an insured under provision **B.** of this endorsement;

   f. To any person or organization specifically designated an additional insured for ongoing operations by a separate ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS endorsement issued by us and made a part of this policy.

B. ADDITIONAL INSURED – VENDORS

Paragraph **2.** under **SECTION II – WHO IS AN INSURED** is amended to include as an insured any person or organization (referred to below as "vendor") with whom you agreed, in a written contract or agreement to provide insurance such as is afforded under this policy, but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:

1. The insurance afforded the vendor does not apply to:

   a. "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;

   b. Any express warranty unauthorized by you;

   c. Any physical or chemical change in the product made intentionally by the vendor;

   d. Repackaging, unless unpacked solely for the purpose of inspection, demonstration, testing, or substitution of parts under instructions from the manufacturer, and then repackaged in the original container;

   e. Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the course of business, in connection with the distribution or sale of the products;

   f. Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

   g. Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or

   h. To "bodily injury" or "property damage" arising out of any act, error or omission that results from the additional insured's sole negligence or wrongdoing.

2. This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

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CNQ153003

180/3.0oz.portions
NET WT 33.75 LB

FULLY COOKED CHAR-BROILED

HAMBURGER PATTY

ONION, CARAMEL AND NATURAL SMOKE FLAVOR ADDED

INGREDIENTS: ground beef (not more than 20% fat), onion, salt, pepper, garlic, caramel color, natural smoke flavor.

CONTAINS COMMODITIES DONATED BY THE UNITED STATES DEPARTMENT OF AGRICULTURE.THIS PRODUCT SHALL BE SOLD ONLY TO ELIGIBLE RECIPIENT AGENCIES.

Heating Instructions: (oven-safe sleeves: no need to remove before heating)
Convection oven 350' F, Frozen: 12 - 15 min, Thawed: 8 - 10 min

For best results we recommend to thaw before reheating and to always drain cooking juices immediately after cooking.

KEEP FROZEN FOR INSTITUTIONAL USE ONLY

CN

086104

CN EACH 3.00 oz. FULLY COOKED CHAR-BROILED HAMBURGER PATTY PROVIDES 2.50 oz. EQUIVALENT MEAT FOR CHILD NUTRITION MEAL PATTERN REQUIREMENTS. (USE OF THIS LOGO AND STATEMENT AUTHORIZED BY THE FOOD AND NUTRITION SERVICE, USDA 01-13). CN

CN

Don Lee Farms, 200 E.Beach Ave, Inglewood, CA 90302
(310) 674-3180 www.donleefarms.com

USDA Further Processing Certification Program

U.S. INSPECTED AND PASSED BY DEPARTMENT OF AGRICULTURE EST. 5696

0 87427 42824 2

12/1/2015

Data Submission Form

Basis for data submitted are "As served"

Package size (lb): 33.75

Brand: **DON LEE FARMS**

Servings/package: 180

Product name: **CHAR-GRILLED HAMBURGER PATTY**

Product code: **CNQ153003**

CN label number: 086104

Analysis based on 1 serving: 1 patty 3.0 oz (85.1 gm)

Nutrients	Nutrients per Serving	Unit
Total Calories	159	kcal
Calories from fat	88.2	kcal
Protein	16.9	grams
Total fat	9.8	grams
Saturated Fat (gm)	3.9	grams
Artificial Trans Fat (gm)	0	grams
Carbohydrate (gm)	0.2	grams
Sugar (gm)	0.1	grams
Fiber (gm)	0.0	grams
Cholesterol (mg)	56	milligrams
Calcium (mg)	6	milligrams
Iron (mg)	1.7	milligrams
Sodium (mg)	108	milligrams
Vitamin C (mg)	0	milligrams
Vitamin A (I.U.)	0	IU
Thiamin-B1 (mg)	0.1	milligrams
Riboflavin-B2 (mg)	0.1	milligrams
Niacin-B3 (mg)	2.9	milligrams
Vitamin-B6 (mg)	0.4	milligrams

Allergens none known

Source of nutrient data used to calculate the nutrient analysis: ESHA database Genesis software (calculated)

Preparation instructions to include: ingredients to be added and amounts, cooking methods, time and temperature.

Store frozen up to 12 months, or refrigerated up to 7 days. Do not refreeze. This is a "heat and serve product" which may be reheated thawed or from frozen. To thaw, leave under refrigeration in the case 24 hours. Heat in a single layer on trays in an oven preheated to 350°F. Conventional oven: frozen 15 - 20 min, thawed 12 - 15 min. Convection oven : frozen 12 - 15 min, thawed 8 - 10 min. Cook time may vary by oven type or load. Season and serve immediately.

Suzanne Boutros 12/1/2015

SUZANNE BOUTROS, QC SUPERVISOR DATE

CNQ183003

180/3.0 oz
NET WT 33.75 LB

FULLY COOKED

CHARBROILED BEEF PATTY

Natural hickory smoke flavor added

INGREDIENTS: Ground beef (not more than 20% fat), onion, seasoning (salt, autolyzed yeast, potassium chloride, dehydrated onion and garlic, spices, natural flavor, sodium phosphate, torula yeast with natural hickory smoke flavor, sugar).

CONTAINS COMMODITIES DONATED BY THE UNITED STATES DEPARTMENT OF AGRICULTURE. THIS PRODUCT SHALL BE SOLD ONLY TO ELIGIBLE RECIPIENT AGENCIES.

Heating Instructions:
Conventional oven 350° F, Frozen: 15 - 20 min, Thawed: 12 - 15 min
Convection oven 350° F, Frozen: 12 - 15 min, Thawed: 8 - 10 min

KEEP FROZEN FOR INSTITUTIONAL USE ONLY.

CN

093438

CN EACH 3.00 oz.FULLY COOKED CHAR-BROILED BEEF PATTY PROVIDES 2.50 oz.EQUIVALENT MEAT FOR CHILD NUTRITION MEAL PATTERN REQUIREMENTS. (USE OF THIS LOGO AND STATEMENT AUTHORIZED BY THE FOOD AND NUTRITION SERVICE, USDA 08-15) CN

CN

Don Lee Farms, 200 E.Beach Ave, Inglewood, CA 90302
(310) 674-3180 www.donleefarms.com

USDA Food Processed Certification Program

U.S. INSPECTED AND PASSED BY DEPARTMENT OF AGRICULTURE EST. 6086

87427 42347 6

9/4/2015

Data Submission Form

Basis for data submitted are "As served"

Package size (lb): 33.75

Servings/package: 180

Brand: **DON LEE FARMS**

Product name: **CHARBROILED BEEF PATTY**

Product code: **CNQ183003**

CN label number: 093438

Analysis based on 1 serving: 1 patty 3.0 oz (85.1 gm)

Nutrients	Nutrients per Serving	Unit
Total Calories	153	kcal
Calories from fat	81	kcal
Protein	16.6	grams
Total fat	9.0	grams
Saturated Fat (gm)	3.6	grams
Artificial Trans Fat (gm)	0	grams
Carbohydrate (gm)	0.8	grams
Sugar (gm)	0.1	grams
Fiber (gm)	0.1	grams
Cholesterol (mg)	54	milligrams
Calcium (mg)	8	milligrams
Iron (mg)	1.7	milligrams
Sodium (mg)	245	milligrams
Vitamin C (mg)	0	milligrams
Vitamin A (I.U.)	0.2	IU
Thiamin-B1 (mg)	0.1	milligrams
Riboflavin-B2 (mg)	0.2	milligrams
Niacin-B3 (mg)	2.8	milligrams
Vitamin-B6 (mg)	0.4	milligrams

Allergens No soy,wheat,gluten,egg,dairy,fish,shellfish,nuts,peanuts

Source of nutrient data used to calculate the nutrient analysis: ESHA database Genesis software (calculated)

Preparation instructions to include: ingredients to be added and amounts, cooking methods, time and temperature.

Store frozen up to 12 months, or refrigerated up to 7 days. Do not refreeze. This is a "heat and serve product" which may be reheated thawed or from frozen. To thaw, leave under refrigeration in the case 24 hours. Heat iin a single layer on trays in an oven preheated to 350°F. Conventional oven: frozen 15 - 20 min, thawed 12 - 15 min. Convection oven : frozen 12 - 15 min, thawed 8 - 10 min. Cook time may vary by oven type or load.

Suzanne Boutros 9/4/2015

SUZANNE BOUTROS, QC SUPERVISOR DATE

QCB655

72/4.55 oz
NET WEIGHT
20.48 lb

Oven safe wrappers - twinpack (2x2.275 oz each)

CHEESE BURGER SLIDERS

Fully cooked beef patty with American cheese on white whole wheat bun

INGREDIENTS: Bread: whole wheat flour, enriched wheat flour (flour, malted barley flour, niacin, reduced iron, thiamine mononitrate, riboflavin, folic acid), water, sugar, contains less than 2% of: soybean oil, yeast, wheat gluten, salt, emulsifier, enzymes, calcium propionate, monoglyceride, calcium carbonate, microcrystalline cellulose, cornstarch. Ground beef (not more than 20% fat), seasoning (hydrolyzed soy protein, maltodextrin, dry onion & garlic, spice, sugar, salt, torula yeast, yeast extract, disodium inosinate, caramel color), autolyzed yeast, potassium chloride, natural smoke flavor.. Cheese: Milk, skim milk, water, cheese culture, whey*, salt, potassium citrate, modified food starch*, sodium citrate, sorbic acid preservative, lactic acid, color (apo-carotenal and beta-carotene), cream, soy lecithin, enzymes. * ingredient not in reglar pasteurized process american cheese. ALLERGEN INFORMATION: CONTAIN WHEAT, SOY, MILK.

HEATING: Convection oven 350' F, Frozen: 12 - 15 min, Thawed: 8 - 10 min.

CONTAINS COMMODITIES DONATED BY THE UNITED STATES DEPARTMENT OF AGRICULTURE. THIS PRODUCT SHALL BE SOLD ONLY TO ELIGIBLE RECIPIENT AGENCIES.

KEEP FROZEN FOR INSTITUTIONAL USE ONLY.

USDA PROCESS CONTROL CERTIFICATION PROGRAM

Don Lee Farms, 200 E.Beach Ave, Inglewood, CA 90302
(310) 674-3180 www.donleefarms.com

87427 42923

3/18/2015

Data Submission Form

Basis for data submitted are "As served"

Package size (lb): 20.48

Servings/package: 72

Brand: **DON LEE FARMS**

Product name: **Cheeseburger sliders, ovenable twinpacks**

Product code: **QCB655**

CN label number:

Analysis based on 1 serving: 2 pieces 4.55 oz (129 gm)

Nutrients	Nutrients per Serving	Unit
Total Calories	272	kcal
Calories from fat	70.2	kcal
Protein	19.7	grams
Total fat	7.8	grams
Saturated Fat (gm)	2.9	grams
Artificial Trans Fat (gm)	0	grams
Carbohydrate (gm)	31.3	grams
Sugar (gm)	3.5	grams
Fiber (gm)	2.6	grams
Cholesterol (mg)	45	milligrams
Calcium (mg)	82	milligrams
Iron (mg)	2.8	milligrams
Sodium (mg)	355	milligrams
Vitamin C (mg)	0	milligrams
Vitamin A (I.U.)	100	IU
Thiamin-B1 (mg)	0.3	milligrams
Riboflavin-B2 (mg)	0.2	milligrams
Niacin-B3 (mg)	5	milligrams
Vitamin-B6 (mg)	0.3	milligrams

Allergens wheat, milk, soy

Source of nutrient data used to calculate the nutrient analysis: ESHA database Genesis software (calculated)

Store frozen up to 12 months, or refrigerated up to 7 days. Do not refreeze. This is a "heat and serve product". May be reheated thawed or from frozen. To thaw, leave under refrigeration in the case 24 hours. Heat in a single layer on trays in an oven preheated to 325°F. Do NOT remove wrappers. Conventional oven: frozen 20-25 min, thawed 15-20 min. Convection oven : frozen 15-20 min, thawed 10-15 min. Cook time may vary by oven type or load.

Suzanne Boutros 3/18/2015

SUZANNE BOUTROS, QC SUPERVISOR DATE

SEPDS A

SUMMARY END PRODUCT DATA SCHEDULE

DON LEE FARMS

☑ **National Summary** (EPDS approved by USDA)

☐ **State Summary** (EPDS approved by state agency)

THIS IS AN ORIGINAL SUMMARY SCHEDULE UNLESS CHECKED BELOW:

- ☐ Reflects Change in Formulation *(Italic)*
- ☐ Additional Products Listed NEW!
- ☑ Correction: Formula Errors in Col H and I

VALUE PASS THROUGH SYSTEMS APPROVED:

- ☐ Direct Sale
- ☐ Refund to Recipient Agency
- ☐ Net Price Through Distributor
- ☐ Fee for Service (billed by Processor)
- ☐ Fee for Service (billed by Distributor)

Information Certified as Accurate from Approved EPDS (requires signature from agency that approved EPDS)											Certified by State Agency	
End Product Code & Description		Net Weight Per Case	Servings Per Case	Net Weight per Serving	WBSCM Item Code	WBSCM Description	Commodity Inventory Drawdown per case	By Products Produced*	Value per Pound of Commodity (contract value)	Value of Commodity per Case (F x H)	Effective Date	State Agency Acceptance/Approval Check for quick approval ☐
A		B	C	D	E		F	G	H	I	J	K
BEEF PRODUCTS												
CNQ153003	FULLY COOKED CHARBROILED HAMBURGER PATTY	33.75	180	3.00	100154	BEEF COARSE GROUND FRZ CTN-60 LB	53.75	No	$2.9965	$161.06		
CNQ183003	FULLY COOKED ALL NATURAL CHARBROILED BEEF PATTY	33.75	180	3.00	100154	BEEF COARSE GROUND FRZ CTN-60 LB	52.57	No	$2.9965	$157.53		
2-STEP PRODUCTS (SANDWICHES, PANCAKE & SAUSAGE)												
QCB655	CHEESE BURGER MINIS TWINPACK	20.48	72	4.55	100154	BEEF COARSE GROUND FRZ CTN-60 LB	15.75	No	$2.9965	$47.19		

*If by products are produced, provide value and method credit will be given

PROCESSOR:

Don Lee Farms
Name of Company

Donald S. Goodman, President
Name and Title of Authorized Representative

Signature 2/18/2016

USDA APPROVAL:
(not applicable for state summary)

USDA FNS FDD or
Quality Assessement Division
Name of Approving Agency

Sherry Thackeray-Comm. Processing or
Darrell Dowd, Asst. National Supervisor
Name and Title of Authorized Representative

Signature 2/18/2016
Date Signed

STATE AGENCY APPROVAL:

Name of Approving Agency

Name and Title of Authorized Representative

Signature Date Signed