

DALLAS COUNTY BID TABULATION			VENDOR #1		VENDOR #2		VENDOR #3		VENDOR #4		
BID NO: 2012-010-5790 ANNUAL CONTRACT FOR THE PURCHASE OF SHRINKWRAP & WOOLITE PACKS OPENING DATE: 07-Nov-2011 CONTRACT PERIOD: 06-DEC-11 - 05-DEC-12 BUYER: MARY STEPHENS 214-653-7690			Jan Pak		National Packaging Corporation		Central Poly Corp.		Star Poly Bag, Inc.		
			Martin S. Weight		Jay Schlesinger		2400 Bedle Place		Rachel Posen		
			3101 High River Rd.		14 Campus Drive		P.O. Box 4097		94 North 13th St.		
			Fort Worth, TX 76155		So. Kearny, NJ 07032		Linden-NJ 07036		Brooklyn, NY 11249		
			817.785.0234		973.344.0100		908.862.7570		718.384.3130		
					973.344.0220 - Fax		908.862.9019 - Fax		718.384.2342		
NCTRCA CERTIFIED VENDOR (M/WBE)			Yes		No		No		Yes - certified by WBENC		
EE01 FORM					Yes		Yes		Yes		
DALLAS COUNTY TAXPAYER STATUS					No		No		No		
BID NOTIFICATION					Dallas County Website		Dallas County Website		Find RFP		
DESCRIPTION		ESTIMATED QUANTITY	Recommended for award Item #1								
1. Shrink Wrap - Portable Stretch Film with Built-in Hand Dispenser Size: 20" x 1000' 80 gauge thickness		2,000 Rolls	33.49	\$ 16,740.00	8.75	\$ 17,500.00	66.99	\$ 133,980.00	10.95	\$ 21,900.00	
Specify Size Being Bid:			20" x 1000' 80g		20" x 1000' 80 gauge		20" x 1000"		20" x 1000"		
Specify the rolls per case:			4 rolls		4		Each		4 rolls		
Specify Brand Being Bid:			Sigma Plastic		Yale/Sigma		Central Poly		Sigma		
Specify Minimum Order per release:			\$150.00		160 rolls		400 Rolls		In increments of 192 rolls		
Specify Delivery after Receipt of Dallas County Purchase Order:			24 hours after open P.O.		Ship same day		7-14 Days ARO		We will ship within 4 business days ARO		
2. Woolite Packs .25 oz 500 per case		200 cases	NB	\$ -	NB	\$ -	NB	\$ -	NB	\$ -	
Specify Size Being Bid:											
Specify the quantity per case:											
Specify Brand Being Bid:											
Specify Minimum Order per release:											
Specify Delivery after Receipt of Dallas County Purchase Order:											
TOTAL:			\$ 16,740.00		\$ 17,500.00						
Should your firm be awarded this contract, describe what (if any) portion of the bid requirements will be subcontracted out.							None		This is a Sigma Product & we presently distribute for Sigma.		

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NCTRCA CERTIFIED VENDOR (M/WBE)	Yes	No	No	Yes - certified by WBENC					
EE01 FORM		Yes	Yes	Yes					
DALLAS COUNTY TAXPAYER STATUS		No	No	No					
BID NOTIFICATION		Dallas County Website	Dallas County Website	Find RFP					
DESCRIPTION	ESTIMATED QUANTITY	Recommended for award Item #1							
Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtain such upon award. Please indicate by checking the appropriate box.									
I/We do have the products in stock		X	X	X					
I/We will be required to obtain the products upon award of bid.				X					
Specify any additional comments/cost/etc. included with your bid proposal, if applicable.									
Cooperative Purchasing: Should other Governmental Entities decide to participate in this contract, would you, the awarded Contractor agree that all terms, conditions, specifications, and pricing would apply to that entity?			Yes	Yes					
Specify prompt/early payment discount terms (if any).			1% 10 Days	0%					
Information on Provision of Health Insurance Coverage for Employees									
Dallas County may consider the provision of health insurance coverage for employees in the bid evaluation process (see page 4, paragraph 4). Please complete the information below to assist in this evaluation.									
Does your company provide health insurance coverage to its employees?		Yes	Yes	No					

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NCTRCA CERTIFIED VENDOR (M/WBE)	Yes	No	No	Yes - certified by WBENC					
EE01 FORM		Yes	Yes	Yes					
DALLAS COUNTY TAXPAYER STATUS		No	No	No					
BID NOTIFICATION		Dallas County Website	Dallas County Website	Find RFP					
DESCRIPTION	ESTIMATED QUANTITY	Recommended for award Item #1							
If your company does provide health insurance coverage to its employees, does the company share in the cost a minimum of 75% for employees only coverage and 50% for family coverage?		Yes	Yes	Yes	No				
If your company provides health insurance coverage to its employees, is the coverage comparable to the services provided by Dallas County as described in the attached summary plan description?		Yes	Yes	No	No				
If your company plans to utilize subcontractors in the fulfillment of this bid, does each of the subcontractors provide health insurance coverage to their employees that compares to Dallas County's health insurance coverage and share in the cost.		Yes		No	No				

DALLAS COUNTY BID TABULATION			VENDOR #5		VENDOR #6	
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			Sam A. Perrine		1920 E. Warner Ave., Suite N	
			P. O. Box 940265		Santa, Ana, CA 92705	
			Plano, TX 75094-0265		888.823.9922	
			972.423.9577		714.359.9696 - Fax	
			972.422.1652 - Fax			
NCTRCA CERTIFIED VENDOR (M/WBE)			No			
EE01 FORM			Yes			
DALLAS COUNTY TAXPAYER STATUS			No			
BID NOTIFICATION			Dallas County Website			
DESCRIPTION			ESTIMATED			
					Withdrew bid due to a calculation error on the price	
QUANTITY						
1. Shrink Wrap - Portable Stretch Film with Built-in Hand Dispenser Size: 20" x 1000' 80 gauge thickness			2,000	Rolls	9.25 \$	18,500.00 \$
Specify Size Being Bid:			20" x 1000' 80 Guage			
Specify the rolls per case:			Four (4) Rolls per case			
Specify Brand Being Bid:			Bandit (Sigma)			
Specify Minimum Order per release:			50 Cases			
Specify Delivery after Receipt of Dallas County Purchase Order.			Within 10 days			
2. Woolite Packs			200	cases	195.00 \$	39,000.00 \$
.25 oz 500 per case						
Specify Size Being Bid:			.25 oz.			
Specify the quantity per case:			500			
Specify Brand Being Bid:			Woolite			
Specify Minimum Order per release:			20 cases			
Specify Delivery after Receipt of Dallas County Purchase Order.			Within 10 Days			
TOTAL:					\$	57,500.00 \$
Should your firm be awarded this contract, describe what (if any) portion of the bid requirements will be subcontracted out.						

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NCTRCA CERTIFIED VENDOR (M/WBE)		No			
EE01 FORM		Yes			
DALLAS COUNTY TAXPAYER STATUS		No			
BID NOTIFICATION		Dallas County Website			
DESCRIPTION		ESTIMATED			
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QUANTITY					
Bidders are required to indicate whether they have the required products on hand at the time of the bid or whether they will be required to obtain such upon award. Please indicate by checking the appropriate box.					
I/We do have the products in stock		X			
I/We will be required to obtain the products upon award of bid.					
Cooperative Purchasing: Should other Governmental Entities decide to participate in this contract, would you, the awarded Contractor agree that all terms, conditions, specifications, and pricing would apply to that entity?					
Specify prompt/early payment discount terms (if any).		1% 10 Days			
Informtion on Provision of Health Insurance Coverage for Employees					
Dallas County may consider the provision of health insurance coverage for employees in the bid evaluation process (see page 4, paragraph 4). Please complete the information below to assist in this evaluation.					
Does your company provide health insurance coverage to its employees?		Yes			
If your company does provide health insurance coverage to its employees, does the company share in the cost a minimum of 75% for employees only coverage and 50% for family coverage?		Yes Employee No Family			

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EE01 FORM		Yes			
DALLAS COUNTY TAXPAYER STATUS		No			
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QUANTITY					
If your company provides health insurance coverage to its employees, is the coverage comparable to the services provided by Dallas County as described in the attached summary plan description?		Yes			
If your company plans to utilize subcontractors in the fulfillment of this bid, does each of the subcontractors provide health insurance coverage to their employees that compares to Dallas County's health insurance coverage and share in the cost.		N/A			