LLAS COUNTY BID TABULATION			VENDOR #1	VENDOR #2	VENDOR #3
D NO. 2012-091-6149			Associated Packaging, Inc.	Pollock Paper Distributors	Transilwrap Co. Inc.
NNUAL CONTRACT FOR POLYESTER TRAY SEALING FILM			2901 Executive Blvd.	1 Pollock Place	1420 Valwood Parkway, Suite 200
UYER: SAM COOPER			Mesquite, TX 75149 Mike Hood	Grand Prairie, TX 75050 Eleanor Czajka	Carrollton, TX 75006 Blake Sullivan
PENING DATE: September 24, 2012 ONTRACT PERIOD:			Tel: 972-285-2424 Fax: 972-285-7406	Tel: 972-263-0205 Fax: 972-262-4737	Tel: 972-484-3211 Fax: 972-484-3171
TRCA CERTIFIED M/WBE VENDOR 01 FORM SUBMITTED?			No No	No Yes	No Yes
ALLAS COUNTY TAXPAYER DW WERE YOU NOTIFIED?			Yes	Yes	No
DESCRIPTION	ESTIMATED QUANTITY	U/I	UNIT EXTENSION PRICE	UNIT EXTENSION PRICE	UNIT EXTENSION PRICE
1 Polyester Tray Sealing Film, 48 guage, 18" width, 12" OD, 3" ID core, 110 lb. roll DuPont Mylar® OWF or equal	59,400	lbs.	\$2.80 \$166,320.00	\$3.29 \$195,426.00	\$2.55 \$151,470.00
Specify Manufacturer/Brand Being Proposed: Proposed Model No., Style, Part no. etc.			Terphane 10.93T	Golden Eagle Extrusions	DuPont/OWF 48 GA OWF 004036
TOTAL			\$166,320.00	\$195,426.00	\$151,470.00
Specify any additional comments etc. included with your bid proposal, if applicable			\$100,020.00	Product must be ordered in increments of 2,000 lbs	We know your process and order history.
Specify Prompt/Early Payment Discount Terms (if any): % Days. Payment terms with no discount are Net 30 days, upon receipt of proper invoice and verification that the services and products have been completed in accordance with specification requirements in the Dallas County Auditor's Office. The award of this bid will not be based on prompt/early payment discounts.			1% 10 days,net 30	N/A	
Please answer the questions listed below:					
Specify the name, telephone number, and e-mail address of the account representative who will be handling this account: Contact Name:			Mike Hood	Tommy Wallis	Rod Nelson
Telephone No			214-693-1192	214-517-4242	817-992-3873
E-Mail Address:			mhood@associated packaging.com	tommy.wallis@pollockpaper.com	rod_nelson@transilwrap.com
Specify the Alternative (Back-Up) Contact Person: Contact Name:			Steve McClendon	Eleanor Czajka	Cody Waits
Telephone No			972-285-2424	972-337-3606	972-888-4235
E-Mail Address: Did your company check Dallas County website for any addendum(s), updates, and/or			smcclendon@associated packaging.com	supportservices@pollockpaper.com	cody waits@transilwrap.com
changes to the bid solicitation? Yes NO			Yes	Yes	Yes
Should your firm be awarded this contract, describe what (if any) portion of the bid requirements will be subcontracted out:			N/A	No	None will be subcontracted

BALLAS COUNTY BID TABULATION BID NO. 2012-091-6149 ANNUAL CONTRACT FOR POLYESTER TRAY SEALING FILM BUYER: SAM COOPER OPENING DATE: September 24, 2012 CONTRACT PERIOD: NCTRCA CERTIFIED M/WBE VENDOR EE01 FORM SUBMITTED? DALLAS COUNTY TAXPAYER HOW WERE YOU NOTIFIED?			VENDOR #1 Associated Packaging, Inc. 2901 Executive Blvd. Mesquite, TX 75149 Mike Hood Tel: 972-285-2424	Pollock Paper Distributors 1 Pollock Place Grand Prairie, TX 75050 Eleanor Czajka	VENDOR #3 Transilwrap Co. Inc. 1420 Valwood Parkway, Suite 200 Carrollton, TX 75006 Blake Sullivan
ANNUAL CONTRACT FOR POLYESTER TRAY SEALING FILM BUYER: SAM COOPER OPENING DATE: September 24, 2012 CONTRACT PERIOD: NCTRCA CERTIFIED M/WBE VENDOR EE01 FORM SUBMITTED? DALLAS COUNTY TAXPAYER			2901 Executive Blvd. Mesquite, TX 75149 Mike Hood Tel: 972-285-2424	1 Pollock Place Grand Prairie, TX 75050 Eleanor Czajka	1420 Valwood Parkway, Suite 200 Carrollton, TX 75006
BUYER: SAM COOPER OPENING DATE: September 24, 2012 CONTRACT PERIOD: NCTRCA CERTIFIED M/WBE VENDOR EE01 FORM SUBMITTED? DALLAS COUNTY TAXPAYER			Mesquite, TX 75149 Mike Hood Tel: 972-285-2424	Grand Prairie, TX 75050 Eleanor Czajka	Carrollton, TX 75006
OPENING DATE: September 24, 2012 CONTRACT PERIOD: NCTRCA CERTIFIED M/WBE VENDOR EE01 FORM SUBMITTED? DALLAS COUNTY TAXPAYER			Mike Hood Tel: 972-285-2424	Eleanor Czajka	
CONTRACT PERIOD: NCTRCA CERTIFIED M/WBE VENDOR EE01 FORM SUBMITTED? DALLAS COUNTY TAXPAYER			Tel: 972-285-2424		
CONTRACT PERIOD: NCTRCA CERTIFIED M/WBE VENDOR EE01 FORM SUBMITTED? DALLAS COUNTY TAXPAYER				Tel: 972-263-0205	Tel: 972-484-3211
EE01 FORM SUBMITTED? DALLAS COUNTY TAXPAYER			Fax: 972-285-7406	Fax: 972-262-4737	Fax: 972-484-3171
DALLAS COUNTY TAXPAYER			No	No	No
			No	Yes	Yes
HOW WERE YOU NOTIFIED?			Yes	Yes	No
1					
DESCRIPTION	ESTIMATED QUANTITY	U/I	UNIT EXTENSION PRICE	UNIT EXTENSION PRICE	UNIT EXTENSION PRICE
Cooperative Purchasing: Should other Governmental Entities decide to participate in this contract, would you, the awarded Contractor agrees that all terms, conditions, specifications, and					
you, the awarded Contractor agrees that an terms, conditions, specifications, and pricing would apply to that entity?					
Yes NO			Yes	Yes	Yes
Note: All purchases by Governmental Entities other than Dallas County will be billed directly to that					
Governmental Entity and paid by that Governmental Entity. Dallas County will not be responsible					
for other Governmental Entity's debt.					
Does your firm/company have the required insurance coverage stated under SECTION 3 – <u>INSURANCE</u>					
REQUIREMENTS and agree to comply with these requirements during the duration					
of this contract? Yes NO			Yes	Yes	Yes
103110			100	100	165
If No, will your firm be able to acquire the required coverage within ten (10) days upon notification of					
contract award?					
Yes NO NOTE: Any vendor that conducts business with Dallas County, whether it is for goods and/or					
services, must maintain lawful worker's compensation/self insured employee					
coverage requirements and adequate liability limitations. SEE Page 3, Paragraph 3					
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 5, paragraph 4) and attachment A. Please complete the information					
below to assist in this evaluation .					
Does your company provide health insurance coverage to its employees? Yes No			Yes	Yes	Yes
If your company does provide health insurance coverage to its employees, does the company share in the cost a minimum of:					
90% for employee only coverage? Yes No				Yes	No
65% for family coverage? Yes No				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? (See					
Attachment A)				Vaa	No
Yes No				Yes	No

DALLA	AS COUNTY BID TABULATION			VENDOR #1	VENDOR #2	VENDOR #3
BID NO. 2012-091-6149			Associated Packaging, Inc.	Pollock Paper Distributors	Transilwrap Co. Inc.	
ANNUAL CONTRACT FOR POLYESTER TRAY SEALING FILM			2901 Executive Blvd.	1 Pollock Place	1420 Valwood Parkway, Suite 200	
BUYER: SAM COOPER			Mesquite, TX 75149	Grand Prairie, TX 75050	Carrollton, TX 75006	
			Mike Hood	Eleanor Czajka	Blake Sullivan	
OPENING DATE: September 24, 2012			Tel: 972-285-2424	Tel: 972-263-0205	Tel: 972-484-3211	
CONTR	RACT PERIOD:			Fax: 972-285-7406	Fax: 972-262-4737	Fax: 972-484-3171
NCTRC	CA CERTIFIED M/WBE VENDOR			No	No	No
EE01 F	ORM SUBMITTED?			No	Yes	Yes
DALLA	AS COUNTY TAXPAYER			Yes	Yes	No
HOW W	VERE YOU NOTIFIED?					
	DESCRIPTION	ESTIMATED	U/I	UNIT EXTENSION	UNIT EXTENSION	UNIT EXTENSION
		QUANTITY		PRICE	PRICE	PRICE
	If your company plans to utilize subcontractors in the fulfillment of this bid, does each		_			
	of the					

LAS COUNTY BID TABULATION			VENDOR #1	VENDOR #2	VENDOR #3
D NO. 2012-091-6149 INUAL CONTRACT FOR POLYESTER TRAY SEALING FILM			Associated Packaging, Inc. 2901 Executive Blvd.	Pollock Paper Distributors 1 Pollock Place	Transilwrap Co. Inc. 1420 Valwood Parkway, Suite 200
YER: SAM COOPER			Mesquite, TX 75149 Mike Hood	Grand Prairie, TX 75050 Eleanor Czajka	Carrollton, TX 75006 Blake Sullivan
NING DATE: September 24, 2012 FRACT PERIOD:			Tel: 972-285-2424 Fax: 972-285-7406	Tel: 972-263-0205 Fax: 972-262-4737	Tel: 972-484-3211 Fax: 972-484-3171
RCA CERTIFIED M/WBE VENDOR FORM SUBMITTED?			No No Yes	No Yes Yes	No Yes No
LAS COUNTY TAXPAYER WERE YOU NOTIFIED?			Yes	res	INO
DESCRIPTION	ESTIMATED QUANTITY	U/I	UNIT EXTENSION PRICE	UNIT EXTENSION PRICE	UNIT EXTENSION PRICE
subcontractors provide health insurance coverage to their employees that compares to Dallas County's health insurance coverage and share in the cost? Yes No			N/A		No
In the event Dallas County elects to give a preference to a bidder who provides comparable health insurance, that bidder and any subcontractors will be required to provide additional documentation of the declared health insurance coverage.					
For statistical purposes:					
Please indicate to Dallas County whether the principal company owner is a: (Please check one)					
[] Dallas County Tax Payer				x	
[] Other County Tax Payer			X		X - Illinois
Please indicate whether your company is certified through an agency "other than" North Central Texas Regional Certification Agency (NCTRCA)? (Example: Statewide Historically Underutilized Business (HUB) Program, MBE, WBE, DBE, SBA, SBA, Veteran, 8(a)					
Yes No					No
If yes, please provide the agency name and the applicable certification number below:					
Certifying Agency Name: Registration or Certification Number: Expiration Date:					
Please indicate the manner in which you were notified of this solicitation:					
[] Daily Commercial Record					
[] Dallas County Website			X		×
[] Letter from Dallas County Purchasing Department				x	
[] Other: specify:					
Thank you.					