

TABULATION SHEET		VENDOR #1			VENDOR #2		VENDOR #3		
Bid No. 2017-011-6635		Emami Enterprises			Interline Brands, Inc. d.b/a Supply Works		M.A.N.S. Distributors, Inc.		
Annual Contract for Georgia Pacific Brand Paper Towels and Rolls Opening Date: December 5, 2016		9965 North MacArthur Irving, Texas 75063 Afsaneh Emami			701 San Marco Blvd. Jacksonville, Florida 32207 Ran Garver		3120 Kellway Drive #108 Carrollton, Texas 75006 Sadhna Patel		
Buyer: Sam Cooper, 214-653-6304		Tel: 972-444-8858 Fax: 214-696.6748			Tel: 800-476-5830 x 114790 Fax: 800-476-5848		Tel: 972-930-0330 Fax: 972-248-6267		
Contract Effective Period: Date of Award with 2 options to extend									
M/WBE, DBE and/or HUB certified?		Yes			No		Yes		
EE0-1 Form Completed		Yes, not complete			Yes, not complete		Yes		
Dallas County Taxpayer?		Yes			No		Yes		
Addendum(s) Returned		No			No		Yes		
	EST. QTY	UOM	Unit Price	Extended Price	Unit Price	Extended Price			
<b>DESCRIPTION</b>									
1	<b>Non-Perforated Paper Towel Rolls</b>	<b>3,200</b>	<b>cases</b>						
	as per specifications (No Substitutes)			\$34.77	\$111,264.00	\$19.44	\$62,208.00	\$17.35	\$55,520.00
	Specify roll length		350'			350'		800'	
	Specify number of rolls per case		12			12		6	
	Specify Manufacturer Being Proposed		Georgia Pacific			Georgia Pacific		Roses	
	Specify Product Number Being Proposed		26401			26401		59340198	
2	<b>Single Fold Paper Towels</b>	<b>1,230</b>	<b>cases</b>						
	as per bid specifications(No Substitutes)								
	specify roll length								
	specify number of rolls per case								
	Specify Manufacturer Being Proposed								
	Specify Product Number Being Proposed								
3	<b>Multi-Fold Paper Towels</b>	<b>7,500</b>	<b>cases</b>						
	as per bid specifications(No Substitutes)			\$30.15	\$226,125.00	\$15.79	\$118,425.00	\$14.26	\$106,950.00
	Specify roll length		250			250'		250'	
	Specify number of rolls per case		16			16		16	
	Specify Manufacturer Being Proposed		Georgia Pacific			Georgia Pacific		Roses (9.2" x 9.5")	
	Specify Product Number Being Proposed		23304			23304		59340202	
<b>Total</b>					<b>\$337,389.00</b>		<b>\$180,633.00</b>		<b>\$162,470.00</b>

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M/WBE, DBE and/or HUB certified? Specify any additional comments/cost/etc. included with your bid proposal, if			Yes	No	Yes	
Should your firm be awarded this contract, describe what portion of the bid requirements will be subcontracted out:			0%		Mans Distributors, Inc. will perform 100% of the work	
Specify Prompt/Early Payment Discount Terms (if any)			1.5% 15 days	1% 10 days, net 30		
Specify the name, telephone number and email address of the account representative who will be handling and managing this account						
Primary contact Person Name, telephone number and email address			Dan Madden, 214-762-4530 dan@emamiinc.com	Mike Watson 817-785-0234 mwatson@supplyworks.com	Sadhna Patel 972-930-0330 Sadhna@mans.us	
Secondary (Back-up) Contact Person, telephone number and email address			Afsaneh Emami 972-444-8858 afsaneh@emamiinc.com	Supply Works Bid Team 800-476-5830 x 114790 bids.rfp@interlinebrands.com	Purnima Kara 972-930-0330 purnima@mans.us	
<b>Please answer the questions listed below:</b>						
Did your company check Dallas County website for any addendums, updates or changes to the bid solicitation?			Yes	Yes	Yes	
Are all of the required M/WBE/DBE/HUB forms completed in their entirety?			Yes	N/A	Yes	
Is the required CIQ form completed in its entirety?			Yes	Yes	Yes	
Is the signed and notarized 1295 form included?			Yes	Yes	Yes	
Is the required Title VI completed and included with your bid response?			Yes	No response	Yes	
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	Yes	

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M/WBE, DBE and/or HUB certified? Does your firm have the required insurance coverage stated under Section 3? If no, will your firm be able to acquire the required coverage within ten (10) days?			Yes Yes Yes	No Yes	Yes Yes	
<b>Information on Provision of Health Insurance Coverage for Employees</b>						
a) Does your company provide health insurance coverage to its employees?			No	Yes	No	
b) Does the company share in the cost a minimum of:						
95% for employee only coverage			No	No Response	N/A	
85% for employee and children			No	No Response	N/A	
73% for employee and spouse			No	No Response	N/A	
71% for employee and family coverage			No	No Response	N/A	
c) If your company provides health insurance coverage to its employees, is it comparable to Dallas County			No	Yes	N/A	
d) If your company plans to use subcontractors in the fulfillment of this bid, does each of the subcontractors provide health insurance coverage to their employees that compares to Dallas County?			N/A	N/A Subcontractors will not be used.	N/A	
<b>For Statistical Gathering Purposes Only:</b> Please indicate whether the principal						
[ ] Dallas County Tax Payer			X		X	
[ ] Other County Tax Payer				X		
Please indicate whether the principal place of business or headquarters is physically located within Dallas County: Yes ____ No Address of the principal place of business City and State:			Yes	No	Yes	
9965 North MacArthur Blvd Irving, Texas 75063			9965 North MacArthur Blvd Irving, Texas 75063	701 San Marco Blvd Jacksonville, Florida 32207	1717 Levee Street Dallas, Texas 75207	
Please indicate the manner in which you were notified of this solicitation:						

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M/WBE, DBE and/or HUB certified?		Yes	No	Yes	
<input type="checkbox"/> Daily Commercial Record					
<input type="checkbox"/> Dallas County Website			X		
<input type="checkbox"/> Email or letter from Dallas County Purchasing:				X	
<input type="checkbox"/> Other: Specify:		Checked site			