

EXHIBIT A: Vendor Questionnaire

Instructions: Vendors responding to this solicitation must complete this questionnaire in its entirety. Responses will be evaluated as part of the selection process. Please provide thorough and accurate information. Use additional sheets and provide relevant attachments as necessary.

General Company Information:

- Company Name: _____
- Business Address: _____
- City, State, ZIP Code: _____
- Website: _____
- Primary Contact Person: _____
- Name: _____
- Title: _____
- Phone: _____
- Email: _____
- Years in Business: _____
- Tax Identification Number (EIN): _____

Are you registered as a Small Business, Minority-Owned, Women-Owned, or Veteran-Owned Business?
(Check all that apply)

- Small Business
- Minority-Owned Business
- Women-Owned Business
- Veteran-Owned Business
- None of the above

Products and Services:

- Describe the primary products/services your company provides that align with school nutrition programs.

- Do your products meet USDA meal pattern requirements? Yes No
If Yes, please provide documentation.
- Do you provide locally sourced and/or farm-to-school products? Yes No
If Yes, specify which products and their sources.
- Are you able to provide allergen-free and special dietary products (e.g., gluten-free, dairy-free, halal, kosher, etc.)? Yes No
If Yes, list the available options.
- Describe your packaging options, including environmentally sustainable or recyclable options.

Distribution/Delivery:

- What is your delivery capacity? (e.g., daily, weekly, lead times, delivery times, etc.)
- Which geographic areas do you serve?
- Do you have the ability to deliver to multiple school sites? Yes No
- Describe your order and fulfillment process, including any online ordering or tracking capabilities.
- What is your policy on order adjustments, cancellations, and emergency orders?

- Describe your quality assurance process, including handling and storage procedures to ensure food safety compliance.

DoD Fresh Produce Ordering and Receipt System:

- Describe your experience and capacity to participate in the USDA DoD Fresh Program. Include details on your ability to:
 - Place and manage orders through approved systems (e.g., FFAVORS)
 - Receive, verify, and document fresh produce deliveries
 - Maintain accurate records for compliance and reporting
 - Ensure product quality and adherence to USDA standards

Pricing, Billing, and Contract Terms:

- Do you offer volume discounts or cooperative purchasing agreements? Yes No
If Yes, provide details.
- What are your standard payment terms? (e.g., Net 30, Net 60)
- Do you accept electronic payments? Yes No
- Provide a sample invoice and description of billing process.
- Are you willing to enter into a formal contract for a fixed term? Yes No

Compliance and Certifications:

- Do you comply with all federal, state, and local food safety regulations? Yes No
If Yes, provide a copy of relevant certifications (e.g., HACCP, ServSafe, etc.).
- Describe how your company complies with the Buy American provision, including which items are non-domestic (if any) and what type of data you provide to inform the district of the total dollars spent with your company on non-domestic versus domestic foods annually.
- Provide a copy of your most recent health inspection report.
- Provide a certificate of insurance per our requirements.
- Do you conduct background checks on employees who handle food deliveries? Yes No

References and Experience:

- Provide at least three references from school districts or similar institutions.
- For each reference, describe in detail the scope of work you completed for their school district or organization

Reference 1:

Organization Name: _____

Contact Person: _____

Phone: _____

Email: _____

Scope of Work: _____

Reference 2:

Organization Name: _____

Contact Person: _____

Phone: _____

Email: _____

Scope of Work: _____

The Vendor confirms that pricing provided in this proposal applies to all selected sites unless otherwise clearly stated.

Vendor Name: _____

Name and Title of Vendor Representative: _____

Email and Phone of Vendor Representative: _____

Signature of Vendor Representative: _____

Date: _____

EXHIBIT B:Vendor Pricing Proposal Form

The Vendor shall provide fixed, all-inclusive pricing per meal as outlined in this solicitation. All pricing must include all costs associated with meal production, packaging, delivery to all SFA sites, labor, equipment, and all required services.

Pricing must be submitted for each meal type and service model listed below.

The SFA reserves the right to select one or both service models (individually packaged and/or family-style) based on operational needs.

Individually Packaged Meals (Necessary for Bid on Van Nuys, Valley Village and City sites)

Meal Type	Price Per Meal
Breakfast	\$_____
Lunch	\$_____
Snack	\$_____
Adult Meal (if applicable)	\$_____

Family-Style Meals (Necessary for West Valley site)

Meal Type	Price Per Meal
Breakfast	\$_____
Lunch	\$_____
Snack	\$_____
Adult Meal (if applicable)	\$_____

Additional Pricing Information

The Vendor must confirm the following by initialing each statement:

- _____ Pricing is all-inclusive and includes delivery to all SFA sites indicated, with no additional fees for fuel, delivery, or service.
- _____ Pricing includes all required supplies (utensils, trays, napkins, etc.) as specified in the RFP.
- _____ Pricing reflects all discounts, rebates, and applicable credits.
- _____ Vendor agrees to provide full credit for DoD Fresh (FFAVORS) and any other entitlement programs, as applicable.

Pricing Certification

The Vendor certifies that the pricing provided is complete, accurate, and in compliance with all requirements of this solicitation. The Vendor acknowledges that failure to provide complete pricing may result in the proposal being deemed non-responsive.

Execution:

Vendor Name: _____

Name and Title of Vendor Representative: _____

Signature of Vendor Representative: _____

Date: _____

EXHIBIT C: MENU CYCLES

- Vendor to attach a sample cycle menu .
- Menu will be evaluated based on affordability, quality of ingredients, nutrition requirements, and appeal to students.

EXHIBIT D: PLAN FOR UNANTICIPATED SCHOOL CLOSURES

The vendor must describe its plans to provide meals in the event of an unanticipated school closure. At a minimum, please address the following:

- Capacity to provide school meals to students in the event of a school closure or remote learning
- Staffing plan
- Methodology for fee changes (if applicable)

EXHIBIT E: Debarment, Suspension, and Other Responsibility Matters:

As required by Executive Order 12549, Debarment and Suspension, for prospective participants/Respondents in primary covered transactions:

- A. The Respondent certifies that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
 - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application had one or more public transactions (federal, state, or local) terminated for cause or default.
- B. Where the Respondent is unable to certify to any of the statements in this certification, they shall attach an explanation to this application.

Execution:

Vendor Name: _____

Award Number, Contract Number, or Project Name: _____

Name and Title of Vendor Representative: _____

Signature of Vendor Representative: _____

Date: _____

EXHIBIT F: Certification Regarding Lobbying

The undersigned certifies, to the best of their 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 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 Federal 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 of 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, title 31, United States 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.

Execution:

Vendor Name: _____

Street address: _____

City, State, Zip: _____

Name and Title of Vendor Representative: _____

Signature of Vendor Representative: _____

Date: _____

EXHIBIT G: Disclosure of Lobbying Activities:

<p>1. Type of Federal Action:</p> <p>a. contract b. grant c. cooperative agreement d. Loan e. loan guarantee f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p>a. bid/offer/application b. initial award c. post-award</p>	<p>3. Report Type:</p> <p>a. initial filing b. material change</p> <p>For material change only: Year: Quarter: Date of report:</p>
<p>4. Name and Address of Reporting Entity: _____Prime _____Subawardee Tier_____, if known:</p> <p>Congressional District, if known:</p>		<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District, if known:</p>
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>CFDA Number, if applicable: _____</p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known:</p> <p>\$</p>	
<p>10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</p>	<p>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):</p>	

<p>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature:</p> <p>Print Name:</p> <p>Title:</p> <p>Telephone No.:</p> <p>Date:</p>
<p>Federal Use Only</p>	<p>Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)</p>

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES:

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to Title 31, U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity 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 a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitations for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Included prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503

EXHIBIT H: China Prohibition Certification

Instructions to program operator:

To ensure compliance with the Consolidated Appropriations Act of 2021 that was signed into law on December 27, 2020, all Child Nutrition Programs are prohibited from using federal funds to procure raw or processed poultry products that are imported into the United States from the People’s Republic of China. It is the program operator’s responsibility to ensure the country of origin for all nondomestic raw or processed poultry products, whether purchased directly by the program operator or on their behalf. The prohibition set forth in the Consolidated Appropriations Act of 2021 (Public Law 116–260) Division A, Section 764, does not allow for any exceptions.

Implementation of this prohibition should be done by including the provision in all procurement solicitations and contracts for the procurement of poultry. To ensure compliance with the prohibition, program operators should obtain a certification of acknowledgement from their supplier, e.g., manufacturer, processor, or distributor, that acknowledges their agreement to comply with the prohibition stated within the Consolidated Appropriations Act of 2021 (Public Law 116–260). A sample of the certification language is attached to this communication and is also located below.

Sample Certification Language:

The Consolidated Appropriations Act of 2021 (Public Law 116–260), Division A, Section 764 (signed into law on December 27, 2020), prohibits all Child Nutrition Programs from using federal funds to procure raw or processed poultry products that are imported into the United States from the People’s Republic of China.

We _____ (insert vendor name), certify that
_____ (insert product name) did not use federal funds to procure raw or processed poultry products that are imported into the United States from the People’s Republic of China.

We further acknowledge that noncompliance with this federal requirement may result in a finding of disallowable cost(s).

Additional Information:

The program operator and their supplier, e.g., manufacturer, processor, or distributor, should provide signatures by an authorized representative for each entity that acknowledges their agreement to comply with the prohibition stated within the Consolidated Appropriations Act of 2021 (Public Law 116–260).

EXHIBIT I: Iran Contracting Act Certification:

(Public Contract Code sections 2202-2208)

Prior to bidding on, submitting a proposal, or executing a contract or renewal for a State of California contract for goods or services of \$1,000,000 or more, a vendor must either:

- Certify it is not on the current list of persons engaged in investment activities in Iran created by the California Department of General Services (DGS) and is not a financial institution extending twenty million dollars (\$20,000,000) or more in credit to another person for 45 days or more, if that person will use the credit to provide goods or services in the energy sector in Iran.
- Demonstrate it has been exempted from the certification requirement pursuant to Public Contract Code section 2203(c) or (d).

To comply with this requirement, please provide the following information and select one of the options below.

Vendor Name: _____

Certification Options (Check One)

Option #1: Standard Certification

I, the official named below, certify I am duly authorized to execute this certification on behalf of the vendor/bidder identified above, and the vendor/bidder identified above is not on the current list of persons engaged in investment activities in Iran created by DGS and is not a financial institution extending twenty million dollars (\$20,000,000) or more in credit to another person/entity for use in the Iranian energy sector.

Option #2: Exemption

I, the official named below, certify I am duly authorized to execute this certification on behalf of the vendor/bidder identified above, and the vendor/bidder identified above has received written permission from the School Food Authority (SFA) to submit a bid or proposal pursuant to Public Contract Code section 2203(c) or (d). A copy of the written permission from the SFA is included with our bid or proposal.

Name and Title of Vendor Representative: _____

Signature of Vendor Representative: _____

Date: _____

EXHIBIT J: Drug Free Workplace Certification

(Government Code Section 8350 et seq.)

This Drug-Free Workplace Certification form is required from all successful bidders/contractors pursuant to the requirements of the Drug-Free Workplace Act of 1990. Every person or organization awarded a contract or grant for the procurement of any property or services from any State agency must certify that it will provide a drug-free workplace by doing certain specified acts.

The undersigned, on behalf of the vendor/bidder, hereby certifies under penalty of perjury under the laws of the State of California that the vendor/bidder will, during the performance of the contract, provide a drug-free workplace by doing all of the following:

1. Publishing a Statement: Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations.
2. Establishing a Drug-Free Awareness Program: Informing employees about the dangers of drug abuse in the workplace, the entity's policy of maintaining a drug-free workplace, available counseling/rehabilitation programs, and the penalties for drug abuse violations.
3. Notification Requirement: Requiring that each employee engaged in the performance of the contract be given a copy of the statement required above and, as a condition of employment, agrees to abide by its terms.

I understand that if the SFA determines I have made a false certification or failed to carry out these requirements, the contract is subject to termination, suspension of payments, or debarment.

Execution:

Vendor Name: _____

Name and Title of Vendor Representative: _____

Signature of Vendor Representative: _____

Date: _____

EXHIBIT K: Proposal Attestation

By signing this, I certify that I am an authorized representative of the vendor (or individual) and that information contained in this proposal is accurate, true, and binding upon the vendor. This

Vendor Name: _____

Name and Title of Vendor Representative: _____

Email and Phone of Vendor Representative: _____

Signature of Vendor Representative: _____

Date: _____

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW, Mail Stop 9410
Washington, D.C. 20250-9410;

fax:

202-690-7442; or

email:

Program.Intake@usda.gov.

This institution is an equal opportunity provider.