

# Unified Purchasing Cooperative of the Ohio River Valley

## CHILD NUTRITION PROGRAM - FOOD

### SECTION D (BID PROPOSAL FORM)

BIDDERS ARE CAUTIONED THAT THE POLICY OF THE UNIFIED PURCHASING COOPERATIVE IS TO ACCEPT THE LOWEST RESPONSIBLE BID(S) RECEIVED, MEETING SPECIFICATIONS. NO CHANGES REQUESTED BY A BIDDER DUE TO ANY ERROR IN PRICING WILL BE CONSIDERED AFTER THE OPENING DATE AND TIME AS ADVERTISED. BY SIGNING THIS PROPOSAL, BIDDERS ARE ATTESTING TO THEIR AWARENESS OF THIS POLICY. ANY EXCEPTIONS TO BID REQUIREMENTS MUST BE NOTED OR THE BIDDER WILL BE EXPECTED TO PROVIDE THE PRODUCT(S) AS SPECIFIED.

Company Name: Klosterman Baking Company

Company Address: 4760 Paddock Road, Cincinnati, Ohio 45229

Company Toll Free Telephone Number: 513-242-1004

Telephone Number: 513-242-1004 Company Facsimile Number: \_\_\_\_\_

Delivery and Conditions Per Specifications of BR-2024 Can Be Met? Yes Yes/No

Minimum Order Requirement for Free Shipping: No Minimum

Payment Terms/Conditions: Net 30 Days

Are you able to provide all members with a designated sales representative? Yes Yes/No

Comments: \_\_\_\_\_

Representative's Name & Contact Information: Mike Denney

Representative's Email Address: mdenney@klostermanbakery.com

Emergency Contact Name & Contact Information: Mike Denney, mdenney@klostermanbakery.com

Additional Comments/Remarks: \_\_\_\_\_

#### Checklist:

- Have you provided all the requested information in Section E – Bid Items
- Have you completed and signed the Bid Proposal Form
- Have you included the U.S.D.A. Certification Form, Anti-Collusion Form, and Lobbying Form (**all required**)

Geographic areas for which I am submitting bids: \_\_\_\_\_

- Area 1 – Brown County (OH)
- Area 2 – Butler County (OH)
- Area 3 – Clermont County (OH)
- Area 4 – Hamilton County (OH)
- Area 5 – Highland County (OH)
- Area 6 – Warren County (OH)
- Area 7 – Boone County (KY)
- Area 8 – Kenton County (KY)
- Area 9 – Campbell County (KY)
- Area 10 – Indiana (Dearborn, Franklin, Ohio & Ripley Counties)
- Area 11 – Diocese of Covington (KY)
- Areas 1-11 Combined

**\*\*PLEASE NOTE: If bid prices vary from county to county, please make copies of Section E and indicate the area (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11) in the upper right hand corner of the first page.\*\***

I hereby affirm that the information provided with this bid proposal form is true and correct and I am authorized to sign for the above company. Furthermore, by my signature, I affirm that I understand and will abide by the terms and conditions as outlined in this invitation.

Authorized Signature:



Printed Signature Name:

Jon Prues

Title: Sr. Manager of Frozen Operations

Date: 5/15/2024



BAKING COMPANY

[www.klostermanbakery.com](http://www.klostermanbakery.com)

Klosterman Baking Cincinnati, Inc.  
1000 E. Ross Avenue  
Cincinnati, OH 45217  
513/242-5830  
Fax 513/242-3703

KBI, Inc.  
2618 U.S. 52  
Morristown, IN 46161  
765/763-6114  
Fax 765/763-6073

KBO, Inc.  
508 W. Main Street  
Springfield, OH 45504  
937/322-9588  
Fax 937/322-6733

Hearth Grains Bakery, LLC  
350 S. Pioneer Boulevard  
Springboro, OH 45066  
937/743-9021  
Fax 937/743-9161

Klosterman Organic Baking, LLC  
837 Green Crest Drive  
Westerville, OH 43081  
614/890-7970

Klosterman Baking Company appreciates the opportunity to submit our proposal for fresh bakery products for Unified Purchasing Cooperative. Your schools will be serviced from our Klosterman Distribution Facility located at 1130 Reading Road in Mason, Ohio. The Market Manager is Chuck Spillner and his telephone number is 513-398-2707.

For your convenience Klosterman Baking Company offers web ordering up to three days in advance. Online ordering is available 24 hours a day, 7 days a week. You can place your order from any internet connection. It's fast, easy and convenient. For customers without internet access, please fax all orders to 513-398-4838.

Scheduled delivery days are Monday, Tuesday, Thursday, and Friday with emergency service available 24 hours, 7 days each week.

**KLOSTERMAN PRODUCT CODING:**

Package Code:	Monday	Green
	Tuesday	Red
	Thursday	Orange
	Friday	White

Bulk Code: Production: Month, and Day  
Example 12-7

Our remittance address is: Klosterman Baking Company  
P.O. Box 712572  
Cincinnati, Ohio 45271-2572

Please visit our website at [www.klostermanbakery.com](http://www.klostermanbakery.com) for additional information about Klosterman products and nutritional information. Call me at 513-242-1004 Ext 1240 if you should have any questions or concerns.

Sincerely,  
Klosterman Baking Company  
  
Jon Prues  
Account Executive

JP/jaj

## ANTI-COLLUSION AFFIDAVIT

STATE OF Ohio

COUNTY OF Hamilton

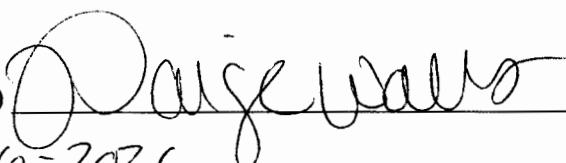
Jon Prues \_\_\_\_\_, of lawful age, being first sworn on oath say, that he/she is the agent authorized by the bidder to submit the attached bid. Affiant further states that the bidder has not been a party to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding; or with any state official or employees to quantity, quality, or price in the prospective contract, or any other terms of said prospective official concerning exchange of money or other thing of value for special consideration in the letting of contract; that the bidder/contractor had not paid, given or donated, or agreed to pay, give or donate to any officer or employee either directly or indirectly in the procuring of the award of a contact pursuant to this bid.

Signed



Subscribed and sworn before me this 16<sup>th</sup> day of May, 2024

Notary Public (or Clerk or Judge)



My commission expires 09-06-2026



**PAIGE WALLS**  
Notary Public, State of Ohio  
My Commission Expires  
09/06/2026

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions****AD-1048**

*The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a, as amended). This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, and 2 C.F.R. §§ 180.300, 180.335, Participants' responsibilities. The regulations were amended and published on August 31, 2005, in 70 Fed. Reg. 51865-51880. Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the proposed covered transaction.*

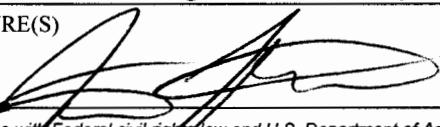
*According to the Paperwork Reduction Act of 1995 an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0027. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal, civil, fraud, privacy, and other statutes may be applicable to the information provided.*

***(Read instructions on page two before completing certification.)***

- A. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency;
- B. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

ORGANIZATION NAME	PR/AWARD NUMBER OR PROJECT NAME
Klosterman Baking Company	BR-2024

NAME(S) AND TITLE(S) OF AUTHORIZED REPRESENTATIVE(S)
Jon Prues, Sr. Manager of Frozen Operations

SIGNATURE(S)	DATE
	5/15/2024

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, 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 responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. 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: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.*

*USDA is an equal opportunity provider, employer, and lender.*

Please list company's Unique Entity ID # assigned by SAM.gov: KJTBW46RFMS1

**Instructions for Certification**

- (1) By signing and submitting this form, the prospective lower tier participant is providing the certification set out on page 1 in accordance with these instructions.
- (2) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department or agency with which this transaction originated may pursue available remedies, including suspension or debarment.
- (3) The prospective lower tier participant shall provide immediate written notice to the person(s) to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- (4) The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549, at 2 CFR Parts 180 and 417. You may contact the Department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
- (5) The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department or agency with which this transaction originated.
- (6) The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- (7) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the General Services Administration's System for Award Management Exclusions database.
- (8) Nothing contained in the foregoing shall be construed to require establishment of a system of records to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- (9) Except for transactions authorized under paragraph (5) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the Department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

## **CERTIFICATION REGARDING LOBBYING**

### **Applicable to Grants, Sub-grants, Cooperative Agreements, and Contracts Exceeding \$100,000 in Federal Funds.**

Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. 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.

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 a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a 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 grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all covered subawards exceeding \$100,000 in Federal funds at all appropriate tiers and that all subrecipients shall certify and disclose accordingly.

Klosterman Baking Company

4760 Paddock Road

Cincinnati, Ohio 45229

---

**Name/Address of Organization (FSMC)**

Jon Prues, Sr. Manager of Frozen Operations

---

**Name/Title of Submitting Official**

  
Signature

5/15/2024

Date

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

<b>1. Type of Federal Action:</b> _____ a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> _____ a. bid/offer/ application b. initial award c. post-award	<b>3. Report Type:</b> _____ a. initial filing b. material change  <b>For Material Change Only:</b> Year _____ Quarter _____ Date of Last Report _____
<b>4. Name and Address of Reporting Entity:</b> Prime  Subawardee  Tier, if known:  <b>Congressional District</b> , if known:	<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>  <b>Congressional District</b> , if known:	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  <b>CFDA Number</b> , if applicable:	
<b>8. Federal Action Number</b> , if known:	<b>9. Award Amount</b> , if known: \$	
<b>10. a. Name and Address of Lobbying Entity:</b> (last name, first name, MI)	<b>10. b. Individuals Performing Services</b> (including address if different from No. 10,a.)  (Attach Continuation Sheet(s) SF-LLL-A If Necessary) (if individual, last name, first name, middle)	
<b>11. Amount of Payment</b> (check all that apply):  \$ _____ Actual      \$ _____ Planned	<b>13. Type of payment</b> (check all that apply):  a. retainer b. one-time fee c. commission d. contingent fee e. deferred f. other; specify:  Nature _____  Actual _____	
<b>12. Form of Payment</b> (check all that apply):  a. cash b. in-kind; specify:  Nature _____  Actual _____		
<b>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or member(s) contracted for Payment indicated in Item 11:</b>  (Attach Continuation Sheet(s) SF-LLL-A, if necessary)		
<b>15. Are Continuation Sheet(s) SF-LLL-A Attached:</b> Yes _____ (Number _____) No _____		
<b>16. 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.</b>	Signature:  Print Name: Jon Prues Title: Sr. Manager of Frozen Operations Telephone: 513-242-1004 Date: 5/15/2024	

**DISCLOSURE OF LOBBYING ACTIVITIES**  
**CONTINUATION SHEET SF-LLL-A**

**Reporting Entity:** \_\_\_\_\_  
**Page** \_\_\_\_ **of** \_\_\_\_