

# Unified Purchasing Cooperative of the Ohio River Valley

## CHILD NUTRITION PROGRAM – NON-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: STIGLER Supply Company

Company Address: 11158 ADWOOD DR  
CINCINNATI OH 45240

Company Toll Free Telephone Number: \_\_\_\_\_

Telephone Number: (513) 825-4500 Company Facsimile Number: (513) 825-0549

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

Minimum Order Requirement for Free Shipping (not to exceed \$200.00): \$100.00

Delivery Charge on Orders Not Meeting Minimum: \$10.00 May Not Exceed \$25.00

Payment Terms/Conditions: Net Days May Not Be Fewer than 45 Days

Representative's Name & Contact Information: MATTHEW HAWLEY

Representative's Email Address: MATTHEW@STIGLERSUPPLY.COM

Mailing Address to which purchase orders should be sent (if different from the one above): 11158 ADWOOD DR  
CINCINNATI OH 45240

Email Address to which purchase orders should be sent: CUSTOMERSERVICE@STIGLERSUPPLY.COM

Emergency Contact Name & Contact Information: MATTHEW HAWLEY

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

#### Checklist:

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

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: MATTHEW HAWLEY

Title: SALES MANAGER

Date: 5/13/2024



**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 <b>STIGLER SUPPLY</b>	PR/AWARD NUMBER OR PROJECT NAME <b>CF-2023</b>
NAME(S) AND TITLE(S) OF AUTHORIZED REPRESENTATIVE(S) <b>MATTHEW HAWLEY SALES MANAGER</b>	
SIGNATURE(S) 	DATE <b>5/13/2024</b>

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](mailto:program.intake@usda.gov).

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

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

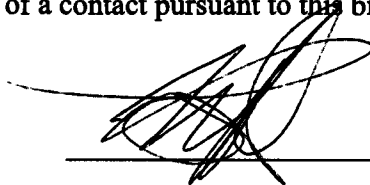
## ANTI-COLLUSION AFFIDAVIT

STATE OF OHIO

COUNTY OF HAMILTON

MATTHEW HAWLEY, 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 contract pursuant to this bid.

Signed



Subscribed and sworn before me this 13 day of MAY, 2024

Notary Public (or Clerk or Judge) DAVID S. GIBSON

My commission expires 1/22/2029



DAVID S GIBSON  
Notary Public, State of Ohio  
My Commission Expires:  
JANUARY 22, 2029

## **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.

STIGLER Supply  
11158 ADWOOD DR  
CINCINNATI OH 45240

Name/Address of Organization (FSMC)

MATTHEW HAWLEY SALES MANAGER  
Name/Title of Submitting Official

  
**Signature**

5/13/2024  
**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  <div style="text-align: center; font-size: 2em;">N/A</div>	<b>2. Status of Federal Action:</b> _____ a. bid/offer/ application b. initial award c. post-award  <div style="text-align: center; font-size: 2em;">N/A</div>	<b>3. Report Type:</b> _____ a. initial filing b. material change  <b>For Material Change Only:</b> <u>N/A</u> Quarter _____ Date of Last Report _____
<b>4. Name and Address of Reporting Entity:</b> Prime  Subawardee  Tier, if known:  Congressional District, if known:	<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>  <div style="text-align: center; font-size: 2em;">N/A</div> Congressional District, if known:	
<b>6. Federal Department/Agency:</b>  <div style="text-align: center; font-size: 2em;">N/A</div>	<b>7. Federal Program Name/Description:</b>  <div style="text-align: center; font-size: 2em;">N/A</div>	
<b>8. Federal Action Number, if known:</b>  <div style="text-align: center; font-size: 2em;">N/A</div>	<b>9. Award Amount, if known:</b> \$ _____ <div style="text-align: center; font-size: 2em;">N/A</div>	
<b>10. a. Name and Address of Lobbying Entity:</b> (last name, first name, MI)  <div style="text-align: center; font-size: 2em;">N/A</div>	<b>10. b. Individuals Performing Services</b> (including address if different from No. 10.a.)  <div style="text-align: center; font-size: 2em;">N/A</div>	
(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 <div style="text-align: center; font-size: 2em;">N/A</div>	<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:  <div style="text-align: center; font-size: 2em;">N/A</div>	
<b>12. Form of Payment</b> (check all that apply): a. cash b. in-kind; specify: Nature _____ Actual _____ <div style="text-align: center; font-size: 2em;">N/A</div>		
<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>  <div style="text-align: center; font-size: 2em;">N/A</div> (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>	<b>Signature:</b> _____ <b>Print Name:</b> <u>MATTHEW HAWLEY</u> <b>Title:</b> <u>SALES MANAGER</u> <b>Telephone:</b> <u>513 825 4500</u> <b>Date:</b> <u>5/13/2024</u>	