



Town of Fountain Hills
16705 East Avenue of the Fountains
Fountain Hills, Arizona 85268
Phone: 480-816-5100
Fax: 480-837-3145

**REQUEST FOR QUOTATION
FOR
Professional Catering Services**

Contract # C2017-106

All quotes due by March 20, 2017 3:00 P.M., Local Time, Phoenix, Arizona.

The Town of Fountain Hills (the "Town") is seeking a licensed and qualified Vendor to provide all material and labor required as described below on [a one-time] basis for a period of one year.

Section I – Project Information

Professional Catering Services for the Dinner at the Volunteer Reception. Caterer will provide food for 190 volunteers not to exceed \$3500.00

Section II – Instructions and Conditions

1. Quantities as described in Section I above are estimates only, based upon available information. The Town reserves the right to adjust the quantities as necessary to meet its needs.
2. Vendors must state the manufacturer of each product quoted on in conformity with the specifications.
3. All quotations must contain the quoting firm's name and be signed by an authorized agent, officer or employee.
4. Award will be made to the Vendor whose quotation is the most advantageous to the Town.
5. Please attach your Quotation behind the Exhibit A cover sheet and submit this document to the address above.

If you need additional information or have questions please contact Heather Ware by email hware@fh.az.gov.

Section III – Pricing

The Quotation shall be attached hereto as Exhibit A and shall contain pricing unless a separate price sheet is required, in which case the Price Sheet shall be submitted in the form attached hereto as Exhibit B and incorporated herein by reference.

Section IV – Execution and Submission

By executing this document and submitting a quotation to the Town of Fountain Hills, the authorized agent agrees (i) he/she has read the Town's Standard Terms and Conditions, dated April 14, 2016, as set forth on the Town of Fountain Hills website (<http://www.fh.az.gov/po-terms>), which are incorporated into and become a part of the company's quotation offer as if set forth fully herein and (ii) the company shall be bound by the Standard Terms and Conditions, dated April 14, 2016. By signing below the company is offering to provide the services set forth in Exhibit A and upon written acceptance of the company's offer by the Town, it will have entered into a binding agreement. The offer shall be considered held open for 60 days from the quotes due date set forth above.

Signature: _____ Date: _____
Printed Name: _____ Title: _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Telephone No. _____

The total contract amount, including all renewal terms, may not exceed \$49,999.99. Contracts for \$50,000 or more will not be authorized and will require a formal procurement process.

ACCEPTANCE OF OFFER AND CONTRACT AWARD (For Town of Fountain Hills Use Only)

The Vendor's Offer is hereby accepted. The Vendor shall not commence any billable work or provide any materials or service under this Contract prior to the date this Contract is executed.

Town of Fountain Hills, an Arizona municipal corporation

_____ Date: _____
Grady E. Miller, Town Manager

Town Attorney Approval:

By executing this document and submitting a quotation to the Town of Fountain Hills, the authorized agent agrees (i) he/she has read the Town's Standard Terms and Conditions, dated April 14, 2016, as set forth on the Town of Fountain Hills website (<http://www.fh.az.gov/po-terms>), which are incorporated into and become a part of the company's quotation offer as if set forth fully herein and (ii) the company shall be bound by the Standard Terms and Conditions, dated April 14, 2016. By signing below the company is offering to provide the services set forth in Exhibit A and upon written acceptance of the company's offer by the Town, it will have entered into a binding agreement. The offer shall be considered held open for 60 days from the quotes due date set forth above.

Signature: Sandra P Gonzalez Date: 3/20/2017
Printed Name: Sandra Gonzalez Title: owner
Company Name: Whisk & Chop, LLC
Address: 3033 N. 52nd Place
City: Phoenix State: AZ Zip: 85018
Email Address: whiskchop@gmail.com Telephone No. 602-616-0458

The total contract amount, including all renewal terms, may not exceed \$49,999.99. Contracts for \$50,000 or more will not be authorized and will require a formal procurement process.

ACCEPTANCE OF OFFER AND CONTRACT AWARD (For Town of Fountain Hills Use Only)

The Vendor's Offer is hereby accepted. The Vendor shall not commence any billable work or provide any materials or service under this Contract prior to the date this Contract is executed.

Town of Fountain Hills, an Arizona municipal corporation

OR
3/21/17
Grady E. Miller Date: 3/22/2017
Grady E. Miller, Town Manager

Town Attorney Approval:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/13/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER L/P Insurance Services, Inc. 2201 E. Camelback Road Suite 202 Phoenix AZ 85016	CONTACT NAME: Jean Ann Morris PHONE (A/C, No, Ext): (602) 889-9370 E-MAIL ADDRESS: jean.ann.morris@lpins.net	FAX (A/C, No): (602) 889-9358
	INSURER(S) AFFORDING COVERAGE	
INSURED Whisk and Chop LLC 3033 N 52nd Place Phoenix AZ 85018	INSURER A: American Casualty Co of Reading	NAIC # 20427
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL16101357719

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		6020088067	10/8/2016	10/8/2017	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:					GENERAL AGGREGATE	\$ 2,000,000	
						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$	
	DED	RETENTION \$					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				PER STATUTE	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$	
						E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Verification of Insurance

Catering provided by Named Insured

CERTIFICATE HOLDER**CANCELLATION**

Fountain Hills Community Center
13001 N La Montana Dr.
Fountain Hills, AZ 85268

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jean Ann Morris/KAREN

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EXHIBIT A
TO
REQUEST FOR QUOTATION
FOR

[Vendor's Quotation]



Fountain Hills Business License

Order complete. Thank you!

Transaction ID: 60040243495

Payment successful. Email sent.

The message was sent!

Whisk & Chop, LLC