



**THE ESCAMBIA COUNTY SCHOOL DISTRICT
PURCHASING DEPARTMENT
75 N. PACE BLVD.
PENSACOLA, FL 32505**

**AMENDMENT 1
REQUEST FOR PROPOSAL RFP-123303**

POSTING DATE:

May 8, 2012

PURCHASING CONTACT & TELEPHONE:

Marguerite Van Nostrand, (850) 469-6209
mvannostrand@escambia.k12.fl.us

RFP TITLE:

Frozen Pizza & Cheese

RFP NUMBER:

123303A

RFP OPENING DATE & TIME: Monday, May 21, 2012, 3:30 p.m., Central Standard Time

NOTE: PROPOSALS RECEIVED AFTER THE RFP OPENING DATE AND TIME WILL NOT BE ACCEPTED.

CHANGES:

Page 14, Item 2, Breakfast Turkey Sausage Pizza – Approved Brands list: Delete “Giorgio 7927.”

Add, attached page 28.5. An additional item, item number 15 has been added – Whole Grain Turkey Pepperoni Pizza Round.” Please insert this page into your RFP between page 28 and 29.

No other terms or conditions have been changed.

The Closing Date and Time and Sample due date and Time have not changed.

This Amendment should be signed and returned with your Proposal.

THE FOLLOWING MUST BE COMPLETED, SIGNED, AND RETURNED AS PART OF YOUR PROPOSAL. PROPOSALS WILL NOT BE ACCEPTED WITHOUT THIS FORM, SIGNED BY AN AUTHORIZED AGENT OF THE BIDDER.

COMPANY NAME:

MAILING ADDRESS:

CITY, STATE, ZIP:

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN):

TELEPHONE NUMBER: (EXT:) FACSIMILE NUMBER:

EMAIL:

AUTHORIZED SIGNATURE:

TYPED OR
PRINTED NAME:

TITLE:

DATE:

Item:	Qty:	Unit:	Description:	PORTION PRICE:	UNIT PRICE:	EXTENDED PRICE:
15	500	cs	<p>WHOLE GRAIN TURKEY PEPPERONI PIZZA ROUND 5" round whole grain pizza with mozzarella cheese and turkey pepperoni, provides 2 meat/meat alternates and 2.75 bread/grain servings as specified by the Child Nutrition Program requirements. Product should be packed approximately 76/ 6.2 oz per case.</p> <p><u>Approved Brands:</u> Giorgio 7927</p> <p><u>Estimated Quantities & Delivery Dates:</u> 250 cases to be delivered July 2012 250 cases to be delivered January 2013</p> <p>Please indicate below if you product contains High Fructose Corn Syrup and/or the amount of Trans Fats per serving when applicable:</p> <p>High Fructose Corn Syrup []Yes []No</p> <p>Trans Fat _____</p> <p>_____</p> <p>Brand/Packed By _____</p> <p>Portion Size _____</p> <p>Portions Per Case _____</p> <p>Comments:</p>			