



Contra Costa County
Employment and Human Services Department
Community Services Bureau



Request for Purchase Order Requisition

Vendor: (Suggested) Sysco Food Svcs / San Francisco 5900 Stewart Avenue	Delivery Address: 1470 Civic Ct.		
	Address		
	Concord	CA 94520	
	City	State Zip	
Address Fremont CA 94538 City State Zip		Requested by <i>SM</i> Date 2/8/2018	
Name and address of vendor must be completed.		Accounting Approval	
		As Coded	
		Program Director Approval <i>2/14</i> Date	
Quantity	Detailed Description of Item(s) requested Include Item #, Model #, Measurements, or Pictures of Item(s)	Unit Price	Total Price
1	Change order for Blanket Purchase Order # 53158 - Sysco Food Svcs is for the following: Food and Non-food related products, supplies, items, and equipment as needed. August 1, 2014 thru December 31, 2020. Vendor #11175. Previous PO 53158 attached Adding funds \$790,704 Original PO: 8/1/2014-7/31/2018 Original \$1,000,000	\$1,790,704	\$1,790,704
Subtotal:			\$1,790,704
Sales Tax:			
Shipping/Delivery Charge:			
Total:			\$1,790,704

**CRITERIA FOR
SOLE SOURCE / BRAND PROCUREMENT**

“SOLE SOURCE JUSTIFICATION FORM”

Please address by specific reference each question listed below (1 – 5) in your justification.

Failure to respond to any of the questions may result in the rejection of your request.

(When answering questions use separate sheets of paper as needed)

1. Why was the particular product and / or vendor selected?

Sysco Food Services offers a wide and unsurpassed selection of equipment and products of high quality standards, such as kitchen equipment, frozen and perishable foods items, staple grocery items, bakery products and refrigeration equipment and accessories. Furthermore, Sysco's suppliers are required to comply with the company's product standard and specifications to ensure the quality of Sysco's brand names.

**2. What are the unique performance factors of the selected product / service?
Provide detailed specifications and descriptions.**

Sysco brand products offer quality and safety which comply with the California Adult and Child Food Program guidelines. They employ the most capable staff of Quality Assurance professionals to ensure that their products are safe. They have a Quality Assurance team that is responsible for screening suppliers and disapproving them if they fail to meet Sysco's high quality standard.

3. Why are these specific factors required?

Health and Safety is an important and crucial component in the Head Start and Child Development programs. We are also mandated to comply with the California Adult and Child Food Program guidelines. Thus, a company that ensures safety and quality in their products, such as Sysco Food Services is imperative in our program.

4. What other products / services have been examined and rejected?

We have tried purchasing from local grocery stores, but the quantity and quality did not meet our standard and the State guidelines.

**5. Why are other sources providing like goods or services unacceptable?
Full explanation needed.**

They are unacceptable because our needs are too large to be spending time driving and shopping at local grocery stores.

SUPPLEMENTAL APPROVAL FORM FOR ITEMS OVER \$25,000

(if over \$100,000- Board of Supervisors Approval needed)

Department: EHSD-Community Services Bureau _____ Date: February 8, 2018 _____

Authorized Requestor: Sung Kim _____ Telephone: 925-681-6303 _____

Authorized Requestor Signature:  _____

1. P.O. Requisition No. Change order to PO 53158

2. Item. Dairy Products /kitchen equipment/food

3. Single Item ☐ Multiple Like Items X Integrated System ☐

4. How does this purchase meet the Departments operational needs?

Sysco Food Service offers a wide selection of food and equipment supplies, such as kitchen equipment, paper and plastic products, refrigeration equipment and accessories, bakery products, frozen, and perishable food items. These are crucial in the operation of CSB's central kitchen that serves over 40,000 meals monthly to the children in the child care centers all throughout the county.

5. Estimated cost: \$1,790,704 from August 1, 2014 to December 31, 2020

5. Funding Source: State (50%) and Federal (50%) funds _____

6. Information Technology Approval (Needed for acquisition of computer hardware, services, software)
Computer Hardware, Services, and Software meet minimum use guidelines.

Signature: _____ Date: _____

7. County Administrator Approval

Signature: _____ Date: . _____


I HEREBY CERTIFY THAT:

- 1) I am an approved County department representative. I understand the County's requirements for competitive bidding, as well as the criteria for justification for sole source.
- 2) I have gathered the required technical information and have made a good faith effort to review comparable and / or equal equipment / product / services.
Copies are attached.

I certify to the best of my knowledge the validity of the information contained herein.

Department / Division / Office name Community Services

Department representative name Sung Kim
(print name)

Department representative signature 
(sign name)

Date: 2.8.18

GSD PURCHASING OFFICE USE ONLY:

BUYER: _____ PURCHASING AGENT / DESIGNEE _____

APPROVED: _____ NOT APPROVED: _____ DATE: _____

COMMENTS:

SECTION I: TYPE OF REQUEST (Check & Complete Applicable Information)

- ☐ New Contract (Eff. _____ thru _____)
- ☐ New Inter Dept. Agreement (Eff. _____ thru _____)
- ☒ Change in Existing Contract / Agreement No. F5315801
- ☐ Renewal ☐ Amendment
- ☒ Extension ☐ Termination
- Effective: 08/01/2014 thru 12/31/2020
- ☒ Board Order/Resolution
(If prior Board action relevant, indicate Ref. # or date: _____)
- ☐ Request for Proposal / IFB ☐ Legal Notice ☐ Application for Pre-Bid Survey

State / Federal Contract, Grant, Application, Project or Plan:

- ☐ New (Eff. _____ thru _____)
- ☐ Existing: County No. _____ State / Fed No. _____
- ☐ Amendment ☐ Renewal ☐ Termination

Date: 02/07/2018
Requested by: A. Winn
Phone: 1-4267
Fund/Org#: 1482

Account #: 2150/2170
Other #: _____
Fiscal by: S. Mendoza

For Contracts & Grants Use Only

Number: _____
Analyst: _____
Date: _____

SECTION II: CONTRACTOR / AGREEMENT IDENTIFICATION

Contractor: SYSCO FOOD SVCS Contractor's Program Person: _____

Legal Capacity: For Profit Corporation Name: Garrick Mallory

MBE WBE Certified: _____ Title: Account Executive

Taxpayer ID No.: _____ Phone: _____

Address: 5900 Stewart Avenue Contractor's Admin / Fiscal Person:

Fremont, CA 94538 Name: Garrick Mallory Phone: 510-695-1950

SECTION III: SPECIFICATIONS:

A. BRIEF PROGRAM / PROJECT / SERVICE DESCRIPTION (If change in service, describe):

- ☐ Based on Attached Information ☐ Based on attached Service Plan
- ☐ Based on Previous document ☐ Other: _____

B. FUNDING

1. Budget: Total Payment Limit \$ 1,790,704 (attached budget)
(If Amendment or Extension Amount of Increase / Decrease \$ 790,704)
2. Method of Payment
- ☐ a. \$ _____ monthly, or
- ☐ b. \$ _____ per unit, as defined in Service Plan, or
- ☐ c. An amount equal to Contractor's allowable costs that are actually incurred each month, but subject to the "Budget of Estimated Program Expenditures" included in the Service Plan, or
- ☐ d. To be set forth in the Service Plan
3. Funding Source: County \$ _____ State \$ 895,352 Federal \$ 895,352 Other \$ _____
- Comments: State=50%; Federal =50%

C. PROGRAM REGUALTIONS (if applicable): _____

D. ACTION DEADLINE (explain): _____

SECTION IV: SPECIAL DISTRIBUTION

SEND COPIES TO: ☐ Contractor ☐ CAO ☒ Other (specify) _____

STATE APPROVAL NEEDED ☐ YES ☐ NO Instruction Letter Attached ☐ YES ☐ NO