

**LEE COUNTY, FLORIDA
PROPOSAL QUOTE FORM
FOR THE ANNUAL PURCHASE OF COPY & FINE PAPERS**


DATE SUBMITTED: 8-1-08

VENDOR NAME: Mac Papers Inc.

TO: The Board of County Commissioners
Lee County
Fort Myers, Florida

Having carefully examined the "General Conditions", and the "Detailed Specifications", all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:

The undersigned acknowledges
receipt of Addenda numbers:


→ \$305,955.75 - RDE
8-13-08
GRAND TOTAL (SECTIONS 1 THRU 19): \$ 217,945.35

NOTE: UNLESS OTHERWISE SPECIFIED, PRICING SHALL BE BASED ON
ORDERS OF 1 - 9 CARTONS.

NOTE: THE MULTIPLIERS ARE THE APPROXIMATE NUMBER OF CARTONS
OF EACH TYPE OF PAPER THE COUNTY ORDERS ON AN ANNUAL BASIS (NO
GUARANTEES ARE EXPRESSED OR IMPLIED).

IN THE SPACE PROVIDED BELOW, PLEASE STATE THE SPECIFICATIONS OF
THE PAPER YOU ARE QUOTING IN SECTIONS 1 THRU 6 & 14 THRU 16:

BRAND OF PAPER OFFERED: Haskey Recycled Exact multipurpose
SUBSTANCE WEIGHT: 20 lb.
BRIGHTNESS: wht 92 Bright

OPACITY: 88 (20)

MOISTURE CONTENT: —

SMOOTHNESS, SHEFFIELD UNITS: 160

POST-CONSUMER RECYCLED FIBER: 30%

COLORS OFFERED: Blue, Buff, cherry, cream, goldenrod
Gray, Green, Ivory, orchid, Pink, salmon
Tan, yellow

SECTIONS 1 THRU 6 – RECYCLED #20 COPY PAPER-CUT STOCK:

SECTION 1: 8-1/2" X 11" WHITE:

COST PER CARTON: \$ 32.00 X 3173 = TOTAL COST FOR SECTION 1:

\$ 10,153.60 → \$ 101,536.00 - 20%
 8-13-08

SECTION 2: 8-1/2" X 11" COLOR:

COST PER CARTON: \$ 34.50 X 579 = TOTAL COST FOR SECTION 2:

\$ 19,975.50

SECTION 3: 8-1/2" X 14" WHITE:

COST PER CARTON: \$ 44.00 X 600 = TOTAL COST FOR SECTION 3:

\$ 26,400.00

SECTION 4: 8-1/2" X 14" COLOR:

COST PER CARTON: \$ 46.50 X 600 = TOTAL COST FOR SECTION 4:

\$ 27,900.00

SECTION 5: 11" X 17" WHITE:

COST PER CARTON: \$ 33.25 X 600 = TOTAL COST FOR SECTION 5:

\$ 19,950.00

SECTION 6: 8-1/2" x 11" 3-HOLE PUNCHED WHITE:

COST PER CARTON: \$ 33.00 X 583 = TOTAL COST FOR SECTION 6:

\$ 19,239.00

SECTIONS 7 THRU 9 - 60 LB. CUT SIZE, REGULAR GRADE, RECYCLED OFFSET

SECTION 7: 8-1/2" X 11", COLORS, OFFSET, OPAQUE:

COST PER CARTON: \$ 42.00 X 600 = TOTAL COST FOR SECTION 7:

\$ 25,200.00

SECTION 8: 8-1/2" X 11", WHITE OFFSET, OPAQUE:

COST PER CARTON: \$ 43.00 X 600 = TOTAL COST FOR SECTION 8:

\$ 25,800.00

SECTION 9: 11 X 17", WHITE OFFSET, OPAQUE:

COST PER CARTON: \$ 46.55 X 600 = TOTAL COST FOR SECTION 9:

\$ 27,900.00 → \$ 27,930.00 - ^{RDF} 8-13-08

SECTION 10 - 67 LB. VELLUM BRISTOL REGULAR GRADE, RECYCLED

SECTION 10: 8-1/2" X 11", ALL COLORS:

COST PER CARTON: \$ 37.25 X 15 = TOTAL COST FOR SECTION 10:

\$ 558.75

SECTION 11 THRU 12 – TEXT AND COVER BRIGHT OR FLUORESCENT STOCK

SECTION 11: #60 TEXT; 8-1/2" X 11"; BRIGHTS; (BRIGHTHUE, ASTROBRITE, CROSS POINT, OR APPROVED EQUAL); ALL STANDARD COLORS, RECYCLED:

COST PER CARTON: \$ 65.00 X 20 = TOTAL COST FOR SECTION 11:

\$ 1300.00

SECTION 12: #65 COVER; 8-1/2" X 11"; BRIGHTS; (BRIGHTHUE, ASTROBRITE, CROSS POINT, OR APPROVED EQUAL); ALL STANDARD COLORS, RECYCLED:

COST PER CARTON: \$ 52.00 X 15 = TOTAL COST FOR SECTION 12:

\$ 780.00

SECTION 13 – MISCELLANEOUS PAPERS

SECTION 13: NATURAL ROYAL SILKPLUS WRITING 8-1/2" X 11":

COST PER CARTON: \$ 100.00 X 15 = TOTAL COST FOR SECTION 13:

\$ 1500.00

LARGE QUANTITY ORDERS

NOTE: PRICING IN SECTIONS 14 THRU 19 IS FOR ORDERS OF 10+ CARTONS.

THE MULTIPLIER FOR EACH SECTION REPRESENTS THE APPROXIMATE NUMBER OF CARTONS OF THAT TYPE OF PAPER ORDERED IN QUANTITIES OF 10+ CARTONS PER ORDER (NO GUARANTEES ARE EXPRESSED OR IMPLIED).

SECTIONS 14 THRU 16 – RECYCLED #20 COPY PAPER-CUT STOCK:

10+ CARTONS (PRICING SHALL APPLY TO ANY COMBINATION OF SECTIONS 14 THRU 16 TOTALING 10+ CARTONS)

SECTION 14: 8-1/2" X 11" WHITE:

COST PER CARTON: \$ 31.00 X 127 = TOTAL COST FOR SECTION 14:

\$ 3937.00

SECTION 15: 8-1/2" X 11" COLOR:

COST PER CARTON: \$ 33.00 X 23 = TOTAL COST FOR SECTION 15:

\$ 759.00

SECTION 16: 8-1/2" X 11" 3-HOLE PUNCHED WHITE:

COST PER CARTON: \$ 32.00 X 17 = TOTAL COST FOR SECTION 16:

\$ 544.00

SECTIONS 17 THRU 18 – 60 LB. CUT SIZE, REGULAR GRADE, RECYCLED OFFSET:

10+ CARTONS (PRICING SHALL APPLY TO ANY COMBINATION OF SECTIONS 17 THRU 18 TOTALING 10+ CARTONS)

SECTION 17: 8-1/2" X 11" WHITE OFFSET, OPAQUE:

COST PER CARTON: \$ 41.50 X 26 = TOTAL COST FOR SECTION 17:

\$ 1079.00

SECTION 18: 11" X 17" WHITE OFFSET, OPAQUE:

COST PER CARTON: \$ 45.50 X 21 = TOTAL COST FOR SECTION 18:

\$ 955.50

SECTION 19 – CUT SIZE 67 LB., RECYCLED VELLUM BRISTOL – 10+ CARTONS

SECTION 19: 8-1/2" X 11", COLORS:

COST PER CARTON: \$ 36.00 X 17 = TOTAL COST FOR SECTION 19:

\$ 612.00

GRAND TOTAL (SECTIONS 1 THRU 19): \$ 217,945.35 → 305,955.75
- RDP
8-13-08

OPTION A - ENVELOPES

WAUSAU EXACT OFFSET OPAQUE,
(OR APPROVED EQUAL) PINK, NUMBER 10,
SUBSTANCE 60, 500/BOX, 2500/CARTON
P/N 081465

COST PER CARTON: \$ 56.70 X 600 = TOTAL COST FOR OPTION A:

\$ 3402.00 → \$ 34,020.00 - RDP
8-13-08

WILL YOU DELIVER WITH YOUR OWN VEHICLES AS OPPOSED TO COMMON CARRIER?

YES ✓ NO

TO BE STARTED WITHIN 1 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

Is your firm interested in being considered for the Local Vendor Preference?

Yes ✓ No

If yes, then read the paragraph entitled "Local Vendor Preference" included in these specifications. Also complete the Local Vendor Preference Questionnaire and return with your quotation.

Quoters should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the quote may be grounds to reject the quote.

Are there any modifications to the quote or specifications:

Yes _____ No ☒ _____

Failure to clearly identify any modifications in the space below or on a separate page may be grounds for the quoter being declared nonresponsive or to have the award of the quote rescinded by the County.

MODIFICATIONS:

Quoter shall submit his/her quote on the County's Proposal Quote Form, including the firm name and authorized signature. Any blank spaces on the Proposal Quote Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the Quoter/Quote being declared non-responsive by the County.

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED QUOTER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS QUOTE WITH OTHER QUOTERS AND HAS NOT COLLUDED WITH ANY OTHER QUOTER OR PARTIES TO A QUOTE WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME Mac Papers Inc.
BY (Printed): Lindsay Sims
BY (Signature): Lindsay Sims
TITLE: Gen Mgr.
FEDERAL ID # OR S.S.# 59-1059698
ADDRESS: 1701 N. 50th Str.
Tampa Fla.
PHONE NO.: 800-227-1222

FAX NO.: 800-248-6927

CELLULAR PHONE/PAGER NO.: 239-910-6022

LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER: 461705210453-C

E-MAIL ADDRESS: lsims@macpapers.com

REVISED: 3/1/07

ATTACHMENT A
LOCAL VENDOR PREFERENCE QUESTIONNAIRE
(LEE COUNTY ORDINANCE NO. 00-10)

Instructions: Please complete either Part A or B whichever is applicable to your firm

**PART A: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS LOCATED WITHIN
LEE COUNTY (Only complete Part A if your principal place of business is
located within the boundaries of Lee County)**

1. What is the physical location of your principal place of business that is located within the boundaries of Lee County, Florida?

6341 Topaz Court
Fort Myers 33912

2. What is the size of this facility (i.e. sales area size, warehouse, storage yard, etc.)

8,000 square feet Mini Mac Papers
for ~~6341~~

**PART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCATED
WITHIN LEE COUNTY OR DOES NOT HAVE A PHYSICAL LOCATION
WITHIN LEE COUNTY (Please complete this section.)**

1. How many employees are available to service this contract? _____
2. Describe the types and amount of equipment you have available to service this contract.

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

3. Describe the types and amount of material stock that you have available to service this contract.

full service printing paper and
envs. Long history w/ Lee County
Agencies

4. Have you provided goods or services to Lee County on a regular basis for the preceding, consecutive five years?

Yes ☒

No ☐

If yes, please provide your contractual history with Lee County for the past five, consecutive years. Attach additional pages if necessary.

AFFIDAVIT CERTIFICATION
IMMIGRATION LAWS

SOLICITATION NO. Q-080447 PROJECT NAME: Copy 3 fine Paper

LEE COUNTY WILL NOT INTENTIONALLY AWARD COUNTY CONTRACTS TO ANY CONTRACTOR WHO KNOWINGLY EMPLOYS UNAUTHORIZED ALIEN WORKERS, CONSTITUTING A VIOLATION OF THE EMPLOYMENT PROVISIONS CONTAINED IN 8 U.S.C. SECTION 1324 a(e) {SECTION 274A(e) OF THE IMMIGRATION AND NATIONALITY ACT ("INA").

LEE COUNTY MAY CONSIDER THE EMPLOYMENT BY ANY CONTRACTOR OF UNAUTHORIZED ALIENS A VIOLATION OF SECTION 274A(e) OF THE INA. SUCH VIOLATION BY THE RECIPIENT OF THE EMPLOYMENT PROVISIONS CONTAINED IN SECTION 274A(e) OF THE INA SHALL BE GROUNDS FOR UNILATERAL CANCELLATION OF THE CONTRACT BY LEE COUNTY.

BIDDER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

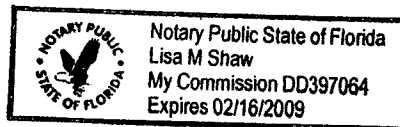
Company Name: Mac Papers
Signature: Lindsay Sims Title: Gen Mgr. Date: 8-1-08

STATE OF Florida
COUNTY OF Hillsborough

The foregoing instrument was signed and acknowledged before me this 1st day of Aug, 2008 by Lindsay Sims who has produced

(Print or Type Name)
FL DL S520539552070 as identification.
(Type of Identification and Number)

Lisa M Shaw
Notary Public Signature
Lisa M Shaw
Printed Name of Notary Public



2-16-09 DD397064
Notary Commission Number/Expiration

The signer of this Affidavit guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made. **LEE COUNTY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION, AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.**

LEE COUNTY PURCHASING - BIDDERS CHECK LIST

IMPORTANT: Please read carefully and return with your bid proposal.

Please check off each of the following items as the necessary action is completed:

- ☒ 1. The Quote has been signed.
- ☒ 2. The Quote prices offered have been reviewed.
- ☒ 3. The price extensions and totals have been checked.
- ☒ 4. The original (must be manually signed) and 2 copies of the quote have been submitted.
- ☒ 5. Three (3) identical sets of descriptive literature, brochures and/or data (if required) have been submitted under separate cover.
- ☒ 6. All modifications have been acknowledged in the space provided.
- ☒ 7. All addendums issued, if any, have been acknowledged in the space provided.
- ☒ 8. Erasures or other changes made to the quote document have been initialed by the person signing the quote.
- ☐ 9. Bid Bond and/or certified Check, (if required) have been submitted with the quote in amounts indicated.
- ☒ 10. Any Delivery information required is included.
- ☒ 11. Affidavit Certification Immigration Signed and Notarized
- ☐ 12. The mailing envelope has been addressed to:

MAILING ADDRESS	PHYSICAL ADDRESS
Lee County Purchasing	Lee County Purchasing
P.O. Box 398	1825 Hendry St 3 rd Floor
Ft. Myers, FL 33902-0398	Ft. Myers, FL 33901
- ☒ 13. The mailing envelope **MUST** be sealed and marked with:

Quote Number _____

Opening Date and/or Receiving Date _____
- ☒ 14. The quote will be mailed or delivered in time to be received no later than the specified opening date and time. (Otherwise quote cannot be considered or accepted.)
- ☐ 15. If submitting a "NO BID" please write quote number here _____ and check one of the following:

☐ Do not offer this product ☐ Insufficient time to respond.

☐ Unable to meet specifications (why) _____

☐ Unable to meet bond or insurance requirement.

Other: _____

Company Name and Address:

Mac Papers
1701 N. 50th Str
Tampa Fla

Lindsay S.

MACPAPE-01 WHPA

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 2/27/2008
PRODUCER AI Insurance Group P.O. Box 80568 Atlanta, GA 30608	(678) 726-1000	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Mac Papers Inc. 3300 Phillips Hwy Jacksonville, FL 32207-		
INSURERS AFFORDING COVERAGE		NAIC #
INSURER A: Zurich American Insurance Company		
INSURER B: Everest Indemnity Insurance Co		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR (ADD'L LTR INSUR)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC	GLO 8196366 02	3/1/2008	3/1/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BAP 8196367 02	3/1/2008	3/1/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
B	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	71G6000121081	3/1/2008	3/1/2009	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC 8196365 02	3/1/2008	3/1/2009	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials are included as additional insureds on the general liability policy.

CERTIFICATE HOLDER

Lee County Board of County Commissioners
 Attn: Risk Mgmt.
 P.O. Box 398
 Fort Myers, FL 33902-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

