| | |
|---|---|
| Request for Proposal No. | 2025.0185 |
| Title | City RFP - Citywide Park Concessions and Beach Services |
| Submit Responses | Online via ProcureWare at https://stamfordct.procureware.com |
| Name saved file as | *Proposer Name* Response to Stamford RFP No. *XXX* |
| Proposer Name | |

The following documents should be returned with your RFQ/RFP:

- Contractor's Statement
- Non-Collusion Affidavit
- A Certificate of Corporate Resolution signed by the Secretary of your firm, authorizing you to execute a contract.
  Or
- A Certification as to Contract Signatory for Limited Liability Companies (LLCs) signed by the Secretary of your firm, authorizing you to execute a contract.
- Proposer's Information and Acknowledgement Form
- Department of the Treasury Internal Revenue Service Form W-9. Proposers shall download, complete and return the current IRS W-9 form - https://www.irs.gov/forms-pubs/about-form-w-9
- Commission on Human Rights and Opportunities Contract Compliance Regulations Notification to Bidders Form http://www.ct.gov/chro/lib/chro/Notification_to_Bidders.pdf

**Sample Menus**

All vendors shall present sample menus to the City. Menu(s) must show proposed initial pricing.

**Insurance**

I agree to provide a certification of insurance in the form and at the limits requested.

Yes X No_____

Review the chart in Addendum No. 1 – write the number of services you propose to provide at each location.

| Bid Option | Park Name | Park Location | Concession Building | Food Truck Opportunities Available | Pushcart Opportunities Available | Towels/ Umbrell |
|---|---|---|---|---|---|---|
| 1 | Barrett Park | Burdick St. | | | | |
| 2 | John Boccuzzi @ Southfield Park | 200 Southfield Ave. | | | | |
| 3 | Carwin Park | Spruce St. | | | | |
| 4 | Czescik Park | Harbor Dr. | | | | |
| 5 | Susan Nabel @ Chestnut Hill Park | 354 Chestnut Hill Rd. | | | | |
| 6A | Cove Island Park | 366 Weed Ave. | | | | |
| 6B | | | | | | |
| 6C | | | | | | |
| 6D | | | | | | |
| 7A | Cummings Park | Shippan Ave. | | | | |
| 7B | | | | | | |
| 7C | | | | | | |
| 8 | Dorthey Heroy Park | 51 Riding Stable Trail | | | | |
| 9 | Courtland Avenue Park | Courtland Ave and East Main. | | | | |
| 10 | Jackie Robinson Park | Richmond Hill Ave. | | | | |
| 11 | Kosciuszko Park | 200 Elmcroft Rd. | | | | |
| 12A | Lione Park | Merrell Ave. | | | | |
| 12B | | | | | | |
| 13A | Scalzi Park | 97 Bridge St. | | | | |
| 13B | | | | | | |
| 14 | Rosa Hartman Park | Brownhouse Rd. | | | | |
| 15 | Veterans Park | 130 Atlantic St. | | | | |
| 16A | West Beach/Park | Shippan Ave | | | | |
| 16B | | | | | | |
| 17 | Terry Conners Ice Rink | 1125 Cove Rd. | X | | | |

Will you operate year-round, park season only (March 1- November 30), or any combination of the two?

Year Round ✓

_____

Park season only (March – November 30)_____

_____

Other:_____

_____

_____

_____

In the space below show how you meet the minimum qualifications, or experience, required for this RFP.

For the food concessions and food truck services, each proposer shall have **had at least three (3) years of experience in the restaurant or restaurant food service business. Further, such experience shall have been as an owner, operator or manager of a restaurant or restaurant food service business.**

Each proposer shall state, in detail the nature and extent of his/her/its experience in said business. Names, addresses and telephone numbers of supervisors and/or associates pertaining to this experience shall be supplied and the submission of it shall constitute full release for the City of Stamford to question it.

Include information regarding any citation that proposer, or any affiliate of proposer, has received within the past 24 months for violations of any laws, ordinances, or regulations of the State of Connecticut or the City of Stamford with respect to the operation of any food service, restaurant, or concession business, and shall describe the current disposition of same.

| Business Name | Address | Position(s) held | Dates of Service | Details | Supervisor/a: |
|---|---|---|---|---|---|
| *SAMPLE: Bob's Bagels* | *1234 Road Way Stamford, CT* | *Manager* | *July 2021 – June 2024* | *Reported to owner; managed front end operations; planned menus;* | *Bob Bagel* |
| Snack ISLe, LLC | 77 Buckingham Dr Stamford, CT | member | Jan 2020 – Present | owner/operator | Richard J. Schack III |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

PROPOSER'S MANAGEMENT PLAN – If required:

Describe physical serving stations. Include diagram and note changes, if any, to the existing layout.
Indicate the number and description of personnel being employed, and their duties.
Offer sample menus with actual prices for a typical week.

| Personnel | Duties |
|---|---|
| Manager – 1<br>Line Cook – 1<br>Cashier - 2 | Manager – oversee day-to day operations<br>Line Cook – prepare food to order<br>Cashier – take orders; process payment; serve food |
| Richard Schock III | manager / cook / cashier |
| Adam Perlakx | manager / cook / cashier |
| Cashier - 2 | Take orders, process payments, serve, stock, clean |
| Line Cook - 2 | Prepare Food, clean |
| | |
| | |

As per the specifications and conditions, this proposal shall be for the management and operation of food services for the "Parks Concessions" and "Beach Services" as established herein, for the term of three (3) years, with two (2), one year annual extensions - as specified.

The proposal shall be submitted shall be payable as specified in the RFP documents.

Three Year Proposal Price $ $28,000

Extension Year 1 Price $ $10,000

Extension Year 2 Price $ $10,000

Proposer's Signature

## Contractor's Statement

Pursuant to Section 103.1 of the Stamford Code of Ordinances, I hereby provide the following:

If a joint venture, trustee, partnership, limited liability company or partnership, the names and addresses of all joint ventures, beneficiaries, partners or members:

Snack Isle, LLC
Richard J. Schoch ~~III~~
77 Buckingham Dr Stamford, CT

If a corporation, the names and addresses of all officers, and the names and addresses of all parties owning over 10% of its common stock or over 10% of its preferred stocks. If any of said stockholders is a holding corporation, the names and addresses of all persons owning a beneficial interest in over 10% if the common or preferred stock of said holding company.

N/A

The names and positions of all persons listed hereinabove who are elected or appointed officers or employees of the City of Stamford.

N/A

Name of Bidder/Proposer: Richard J. Schoch ~~III~~

Signature of Bidder/Proposer:

Title: Owner

Company Name: Snack Isle, LLC

Address: 77 Buckingham Dr. Stamford, CT

Indicate if company submitting this proposal is: _____MBE _____WBE _____DBE

# CERTIFICATION AS TO CONTRACT SIGNATORY

*For Limited Liability Companies (LLCs)*

**(Effective 9/1/2011)**

I, Richard J. Schock III, a Member of Snack Isle, LLC.
(name of member or manager) (Member or Manager) (name of LLC)

LLC, a limited liability company organized and existing under the laws of the State of Connecticut (hereinafter the "Company"), hereby certify that:

1. that Snack Isle, LLC is run by Members
(name of LLC) (Members or Managers)

2. that Richard J. Schock III is a Member of Snack Isle, LLC
(name of contact signatory) (Member/Manager) (name of LLC)

and

3. that as such Richard J. Schock III is not prohibited from or
(name of Member/Manager who is contract signatory)
limited by the articles of organization from binding the LLC.

**IN WITNESS HEREOF**, the undersigned has affixes his/her signature this 5 day of December, 2024.

(LLC Seal)
(Circle this L.S. if there is no seal)

Richard J. Schock III
Secretary (name of Secretary)

3) Definition of Racial and Ethnic Terms (as used in Part IV Bidder Employment Information) (Page 3)

| | |
|---|---|
| White (not of Hispanic Origin)-All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.<br>Black (not of Hispanic Origin)-All persons having origins in any of the Black racial groups of Africa.<br>Hispanic- All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. | Asian or Pacific Islander- All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.<br>American Indian or Alaskan Native- All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. |

## BIDDER CONTRACT COMPLIANCE MONITORING REPORT

PART I – Bidder Information

| | |
|---|---|
| Company Name: Snack Isle, LLC<br>Street Address: 77 Buckingham Dr<br>City & State: Stamford CT<br>Chief Executive: | Bidder Federal Employer [redacted]<br>Identification Number:<br>Or<br>Social Security Number: |
| Major Business Activity: Snack Sales<br>(brief description) | Bidder Identification<br>(response optional/definitions on page 1)<br><br>-Bidder is a small contractor? Yes ☑ No ☐<br>-Bidder is a minority business enterprise? Yes ☐ No ☑<br>(If yes, check ownership category)<br>Black ☐ Hispanic ☐ Asian American ☐<br>American Indian/Alaskan Native ☐ Iberian Peninsula ☐<br>Individual(s) with a Physical Disability ☑ Female ☐<br>-Bidder is certified as above by State of CT? Yes ☑ No ☐ |
| Bidder Parent Company:<br>(If any) | |
| Other Locations in CT:<br>(If any) | |

PART II - Bidder Nondiscrimination Policies and Procedures

| | |
|---|---|
| 1. Does your company have a written Affirmative Action/Equal Employment Opportunity statement posted on company bulletin boards?<br>Yes ☑ No ☐ | 7. Do all of your company contracts and purchase orders contain non-discrimination statements as required by Sections 4a-60 & 4a-60a Conn. Gen. Stat.?<br>Yes ☐ No ☑ |
| 2. Does your company have the state-mandated sexual harassment prevention in the workplace policy posted on company bulletin boards?<br>Yes ☑ No ☐ | 8. Do you, upon request, provide reasonable accommodation to employees, or applicants for employment, who have physical or mental disability?<br>Yes ☑ No ☐ |
| 3. Do you notify all recruitment sources in writing of your company's Affirmative Action/Equal Employment Opportunity employment policy? Yes ☑ No ☐ | 9. Does your company have a mandatory retirement age for all employees?<br>Yes ☐ No ☑ |
| 4. Do your company advertisements contain a written statement that you are an Affirmative Action/Equal Opportunity Employer?<br>Yes ☑ No ☐ | 10. If your company has 50 or more employees, have you provided at least two (2) hours of sexual harassment training to all of your supervisors? Yes ☐ No ☐ N/A ☑ |
| 5. Do you notify the Ct. State Employment Service of all employment openings with your company?<br>Yes ☑ No ☐ | 11. If your company has apprenticeship programs, do they meet the Affirmative Action/Equal Employment Opportunity requirements of the apprenticeship standards of the Ct. Dept. of Labor?<br>Yes ☐ No ☐ N/A ☑ |
| 6. Does your company have a collective bargaining agreement with workers?<br>Yes ☐ No ☑<br>6a. If yes, do the collective bargaining agreements contain non-discrimination clauses covering all workers? Yes ☐ No ☐<br><br>6b. Have you notified each union in writing of your commitments under the nondiscrimination requirements of contracts with the state of CT?<br>Yes ☐ No ☑ | 12. Does your company have a written affirmative action Plan?<br>Yes ☐ No ☑<br>If no, please explain.<br><br>13. Is there a person in your company who is responsible for equal employment opportunity? Yes ☑ No ☐<br>If yes, give name and phone number:<br>Ricky Schack 203-253-6821 |

## PROPOSER'S INFORMATION AND ACKNOWLEDGEMENT FORM

RFP No: 2025.0185

Date: 11/4/24

Proposer's Name: Richard J. Schock ~~IM~~

Street Address: 77 Buckingham Dr ~~St~~

Stamford CT 06902

City State Zip

Business Telephone: 203-253-6821

Email: IsleofSnacks@gmail

Unique Entity ID: _____ Tax Id. No.: [redacted]

Indicate (Yes/No) if company submitting this proposal is:

_____ MBE _____ WBE _____ DBE

(If yes, attach relevant certification)

Signature: _____ Date: 11/4/24

Printed Name: Richard J Schock III

Title: _____

Addenda Acknowledgement – check and note date of addendum

| | |
|---|---|
| ☐ Addenda No. 1 | ☒ Addenda No. 2 |
| ☐ Addenda No. 3 | ☐ Addenda No. 4 |
| ☐ Addenda No. 5 | ☐ Addenda No. 6 |
| ☐ Addenda No. 7 | ☐ Addenda No. 8 |
| ☐ Addenda No. 9 | ☐ Addenda No. 10 |
| ☐ Addenda No. 11 | ☐ Addenda No. 12 |

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

**Go to *www.irs.gov/FormW9* for instructions and the latest information.**

**Give form to the requester. Do not send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above
Snack Isle, LLC

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☒ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) C

**Note:** Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

*(Applies to accounts maintained outside the United States.)*

5 Address (number, street, and apt. or suite no.). See instructions.
77 Buckingham Dr

6 City, state, and ZIP code
Stamford, CT 06902

Requester's name and address (optional)

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

**or**

**Employer identification number**

[redacted]

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| **Sign Here** | **Signature of U.S. person** | **Date** 11/4/24 |
|---|---|---|

# General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

1. Will the work of this contract include subcontractors or suppliers? Yes ☑ No ☐

1a. If yes, please list all subcontractors and suppliers and report if they are a small contractor and/or a minority business enterprise. (defined on page 1 / use additional sheet if necessary)

Beast Burger, Gordon Supply,

1b. Will the work of this contract require additional subcontractors or suppliers other than those identified in 1a. above? Yes ☑ No ☐

PART IV - Bidder Employment Information Date: 12/2/24

| JOB CATEGORY * | OVERALL TOTALS | WHITE (not of Hispanic origin) | | BLACK (not of Hispanic origin) | | HISPANIC | | ASIAN or PACIFIC ISLANDER | | AMERICAN INDIAN or ALASKAN NATIVE | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female |
| Management | | 2 | | 1 | | 1 | | | | | |
| Business & Financial Ops | | 2 | | | | | | | | | |
| Marketing & Sales | | 2 | | 1 | | | | 1 | | | |
| Legal Occupations | | | | | | | | | | | |
| Computer Specialists | | | | | | | | | | | |
| Architecture Engineering | | | | | | | | | | | |
| Office & Admin Support | | | | | | | | | | | |
| Bldg/ Grounds Cleaning/Maintenance | | | | | | | | | | | |
| Construction & Extraction | | | | | | | | | | | |
| Installation Maintenance & Repair | | | | | | | | | | | |
| Material Moving Workers | | | | | | | | | | | |
| Production Occupations | | | | | | | | | | | |
| TOTALS ABOVE | | 6 | | 2 | | 1 | | 1 | | | |
| Total One Year Ago | | | | | | | | | | | |
| FORMAL ON THE JOB TRAINEES (ENTER FIGURES FOR THE SAME CATEGORIES AS ARE SHOWN ABOVE) | | | | | | | | | | | |
| Apprentices | | | | | | | | | | | |
| Trainees | | | | | | | | | | | |

*NOTE JOB CATEGORIES CAN BE CHANGED OR ADDED TO (EX SALES CAN BE ADDED OR REPLACE A CATEGORY NOT USED IN YOUR COMPANY)

PART V - Bidder Hiring and Recruitment Practices



| 1 Which of the following recruitment sources are used by you? (Check yes or no, and report percent used) | | | | 2 Check (X) any of the below listed requirements that you use as a hiring qualification | |
|---|---|---|---|---|---|
| SOURCE | YES | NO | % of applicants provided by source | (X) | |
| State Employment Service | ☐ | ☐ | | X | Work Experience |
| Private Employment Agencies | ☑ | ☐ | 25% | | Ability to Speak or Write English |
| Schools and Colleges | ☑ | ☐ | 25% | | Written Tests |
| Newspaper Advertisement | ☑ | ☐ | 25% | | High School Diploma |
| Walk Ins | ☐ | ☐ | | | College Degree |
| Present Employees | ☑ | ☐ | 25% | | Union Membership |
| Labor Organizations | ☐ | ☐ | | X | Personal Recommendation |
| Minority Community Organizations | ☐ | ☐ | | | Height or Weight |
| Others (please identify) | ☐ | ☐ | | | Car Ownership |
| | ☐ | ☐ | | | Arrest Record |
| | ☐ | ☐ | | | Wage Garnishments |

3 Describe below any other practices or actions that you take which show that you hire, train, and promote employees without discrimination

- Understand Equal Opp Laws
- Develop Inclusive Job Descriptions
- Staffing Firm
- Training on Discrimination & Bias

Certification (Read this form and check your statements on it CAREFULLY before signing) I certify that the statements made by me on this BIDDER CONTRACT COMPLIANCE MONITORING REPORT are complete and true to the best of my knowledge and belief, and are made in good faith I understand that if I knowingly make any misstatements of facts, I am subject to be declared in non-compliance with Section 4a-60, 4a-60a, and related sections of the CONN GEN STAT

| (Signature) | (Title) | (Date Signed) | (Telephone) |
|---|---|---|---|
| | Principle | 12/2/24 | 203 253 6821 |