

SOUTHERN COLUMBIA AREA SCHOOL DISTRICT

BEVERAGE VENDING PROGRAM PROPOSAL FORM

EXCLUSIVE RIGHTS

Proposals may be submitted for 5 year and/or 10 year terms.

PRODUCT	UNIT COST	SUGGESTED RETAIL PRICE	COMMISSION % (5 YR TERM)	COMMISSION \$ (5 YR TERM)	COMMISSION % (10 YR TERM)	COMMISSION \$ (10 YR TERM)
20oz Carbonated						
20oz Non-carbonated						
16oz Carbonated						
16oz Non-carbonated						
12oz Non-carbonated						
8oz Non-carbonated						
Other						

List the projected number of vending machines to be placed in service and their locations:

What is the anticipated annual sale (in cases)? _____

If annual sales exceed anticipated levels, Vendor will pay additional commissions at the following amounts:

500 cases: additional _____% or \$_____ per case

1,000cases: additional _____% or \$_____ per case

1,500 cases: additional _____% or \$_____ per case

2,000 cases: additional _____% or \$_____ per case

Provide the annual cash incentive amounts:

Year 1: _____ Year 6: _____

Year 2: _____ Year 7: _____

Year 3: _____ Year 8: _____

Year 4: _____ Year 9: _____

Year 5: _____ Year 10: _____

Please list any additional supports or programs that would be offered by your company to the District and identify their estimated values. Identify if the supports or programs are to be annual and, if so, their duration or if they are to be one-time considerations:

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PROPOSALS MUST BE SIGNED BY AN OFFICER OR AUTHORIZED AGENT OF THE COMPANY OR THE PROPOSAL WILL BE DISQUALIFIED. Proposals will be opened on **Friday, April 28, 2017 at 2:00 pm** at the District's Administrative Offices, 800 Southern Drive, Catawissa, PA 17820. No proposals may be withdrawn for 60 days. Please mark the envelope: **"PROPOSAL FOR BEVERAGE VENDING RIGHTS."**

The Southern Columbia Area School District Board of Directors reserves the right to accept any or proposals in part or total without cause.

COMPANY NAME: _____

SIGNATURE: _____

NAME AND TITLE: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

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