**City of Austin Parks and Recreation Department**

**RFA Response Document - Application**

**APPLICANT AND COMPANY INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Contact Name: | , Title of the Person…. | | | | | |
| Company or Organization Name: | , a Choose a state. Choose Organization Type (the “Company”) | | | | | |
| Tax ID: |  | | | | | |
| Billing Address: |  | | State: | Choose State | Zip: |  |
| Mobile #: |  | Emergency #: | |  | | |
| Email address: |  | | | | | |
| Company website or social media account(s): |  | | | | | |

**PARK REQUESTED**

|  |  |
| --- | --- |
| Rank the below (use 1 as most desirable) or X if you do not want to use a park space | |
| **Parque Zaragoza Recreation Center -** 2608 Gonzales Street 78702   * Food, Beverage, and/or Snack/Treats concession |  |
| **Oswaldo A.B. Cantu/Pan American Recreation Center -** 2100 East 3rd Street 78702   * Food, Beverage, and/or Snack/Treats concession |  |

**Hours of Operation (2 Points)**

|  |
| --- |
| Note your hours of operation each day |
| Monday:  Tuesday:  Wednesday:  Thursday:  Friday:  Saturday:  Sunday: |

**Start Up (1 Point)**

|  |
| --- |
| Confirm ability to set up at the vending site within fourteen (14) days after contract authorization. |
|  |

**Summary of Business Experience (10 Points)**

|  |
| --- |
| Have you operated in City of Austin Parks in the past?  If yes, how many days and what park? |
|  |
| Please describe your experience maintaining a concession area and serving a diverse population within a high-use setting. |
|  |

**Sustainability (2 Points)**

|  |
| --- |
| Vendors will need to commit to environmental sustainability best practices to include but not limited to:   * Plan for waste disposal and removal from site * Plan for recycling and removal from site * Minimize waste and packaging materials * Plan to remove oil, grease, and grey water from site |
| I can agree to the above standards |
| Yes No |

**Concession Vehicle Information**

|  |  |
| --- | --- |
| Describe the vehicle/equipment needs for the concession | |
| **Dimensions:**  (Length/Width/Height) |  |
| **Utility Needs:**(specify electrical & water needs) |  |

**Equipment (5 Points)**

|  |
| --- |
| Please provide no less than 2 Photos for the evaluation of the aesthetic appeal and quality of concession truck, cart, or trailer.  Choose one of the below options to provide images:   1. **Insert** digital images into the application below, or 2. **Attach** printed, or digital copies to the completed application |
| **Image 1:**  **Image 2:** |

# **Concession Menu/Product Information: Menu / Cost (10 Points)**

List the exact menu options offered, nutrition value (calories/serving) and the prices.

| **Item/Menu Item** | **Nutrition Value** | **Cost or**  **Range of Cost** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*Add/insert additional pages as needed, OR attach a menu of items and costs.

***TIP*** *– in word, you are able to use the “tab” key at the last line, and create additional rows.*

**STEPS**

* Thoroughly read and understand this RFA instruction document
* Examine the exhibits attached to this document
* Submit a completed RFA Response Document

**DEADLINE FOR APPLICATION SUBMISSION**

Interested participants, must submit all the items listed in Section five (5) of the Scope of Work – Proposal Submittals.

* **Applications must be submitted on or before Monday, May 20, 2019**
* **Applications are due no later than 4:30 p.m.**

# **Notice of Requirements**

|  |
| --- |
| * **Health Department Permit:** *A health permit will be required before the time of contract execution and final permit release for permits with food/beverage sales.* |
| * **State of Texas Sales and Use Tax Permit (tax id):** *Texas tax law requires organizations to collect tax on most of sales of taxable items.* [**https://comptroller.texas.gov/taxes/sales//**](https://comptroller.texas.gov/taxes/sales/) |
| * **Insurance:** *A Certificate of Insurance is required*   + *General Liability*   + *Auto Liability*   + *Worker’s Compensation*   + [Sole Proprietor Letter](http://www.austintexas.gov/sites/default/files/files/Parks/Special_Events/Concession/Concession_App_-_sole_proprietor_letter_template.docx)   + *DETAILS:* [*www.austintexas.gov/parkevents*](http://www.austintexas.gov/parkevents) *- see “insurance” in the policies section.* |
|  |

**Email:**

[Gergo.Perlaky@austintexas.gov](mailto:Gergo.Perlaky@austintexas.gov)

**Phone:**

512.974.6515

**Deliver:**

Parks and Recreation Department

Office of Special Events

200 South Lamar

Austin, TX 78704

**Signature and Agreement:**

I certify that the information contained in this approval request is true and correct to the best of my knowledge, and that I am authorized to act on behalf of the Company listed in the request.

I have also read, understand, and I am willing to comply with the concession policies and procedures set by the City of Austin Parks and Recreation Department. Company acknowledges that each park and concession is subject to general park rules and regulations as currently exist and as may be adopted administratively orby ordinance by the City of Austin and agrees to abide by these rules, regulations and requirements.

IF the request is approved, the Company shall comply with, and shall require its contractors, agents, invitees, guests, volunteers, and patrons of the attraction or function for which the Company plans to use the Facility to comply with all federal, state and local laws and regulations, and with all applicable City policies, rules and procedures.

IF the request is approved, the Company shall not bring or permit its contractors, agents, invitees, guests, volunteers, and patrons of the attraction or function for which the Company plans to use the Facility to bring or keep anything on City property that may adversely affect the Facility. The Company shall not bring or allow its contractors, agents, invitees, guests, volunteers, and patrons of the attraction or function for which the Company plans to use the Facility to bring any items onto the property, or place any decorations or other items on the Facility that may damage any portion of the Facility, including but not limited to trees, grounds, or plant life, without the prior written consent of the Parks and Recreation Department Director. The City reserves the right at any time and at its sole discretion to require the Company to remove from the Facility any animals, furniture, fixtures, wiring, exhibits, or other items brought onto the Facility by the Company. The Company shall immediately remove any item upon City’s request.

**Damage to City Property.** Concession holder must pay for all costs required to repair or replace City property, which is damaged by concession holder, its officers, employees, agents, invitees, guests, volunteers, or patrons.

**Indemnification.** IF the request is approved, Company shall indemnify, save, and hold harmless the City, its officers, employees, agents, licensees, and invitees any and all liability, damages, losses, claims, demands, and actions of any nature, due to personal injury (including, without limitation, workers' compensation and death claims), or property loss or damage of any kind which arises or is claimed to arise out of or is in any manner connected with the use of the City property or the presence on the City property of Production Company, its contractors, agents, invitees, guests, volunteers, and patrons of the attraction or function for which Production Company plans to use the Facility.

|  |  |
| --- | --- |
|  | Click here to enter a date. |
| Signature of Applicant | Date |
|  |  |

**FOR PARD OFFICE USE ONLY**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Parks and Recreation Department Review:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Approved |  | Denied |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site’s Supervisor/ Printed Name Date

Division Manager Signature

|  |  |  |  |
| --- | --- | --- | --- |
|  | Approved |  | Denied |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Manager Signature Printed Name Date