

CLASS 485 NEGOTIATED CONTRACT EVALUATION FORM**COMMODITIES COVERED: JANITORIAL PRODUCTS****CONTRACT PERIOD: 02/01/24 through 01/31/25****Contract Analyst: Easter Haimur****"NEW"****COMPANY NAME:** Casco Cleaning Solutions, LLC.**COMPANY ADDRESS:** 208 E. Enterprise Street
Brookhaven, MS 39601**CONTRACT TO BE SENT TO:** Corey Douchard, Owner**IS VENDOR ON SUSPENDED/CANCELED LIST?** YES _____ OR NO X _____**SUPPLIER NUMBER:** 3102105599**RFX NUMBER:** 3130001840**CONTRACT NUMBER:** 8200072625**SMART CONTRACT NUMBER:** 1130-24-C-SWCT-00350**RESPONSE NUMBER:** 6000013853**DATE PROPOSAL SUBMITTED IN MAGIC OR RECEIVED IN OPTFM:** 11/15/2023**DATE OF PROPOSAL LETTER:** 11/15/2023**DATE APPROVED BY ANALYST:** 01/02/2024**INFORMATION FOR EMAIL**

Your new State of Mississippi Contract Agreement for Janitorial Products is attached for your signature. Please sign and return no later than three (3) business days to Daphne Baker at Daphne.Baker@dfa.ms.gov. Once the contract is executed, it will be posted to our website at <http://www.dfa.ms.gov/dfa-offices/purchasing-travel-and-fleet-management/purchasing-and-travel/negotiated-contracts/>.

If you have any questions, please contact Easter Haimur at Easter.Haimur@dfa.ms.gov.

CONTACT PERSON'S NAME, EMAIL AND PHONE NUMBER:

Corey Douchard, Owner

E-mail: cascocleaningsolutions@gmail.com

Telephone Number: 601-265-2302

Website: www.cascocleaningsolutions.com

INFORMATION FOR CONTRACT

Transportation Terms: All freight and shipping costs are the responsibility of the Vendor and are not reimbursable. All items must be transported F.O.B. Destination.

Payment Terms: MS Code Section 31-7-305(3) allows a state entity to pay invoices within 45 days without penalty.

ORDERING INFORMATION:

Please place all orders under this agreement with the following:

Corey Douchard, Owner

E-mail: cascocleaningsolutions@gmail.com

A list of authorized dealers/distributors is included with this contract.

NEGOTIATED CONTRACT EVALUATION/REVIEW FORM

Reviewing Analyst: **Stephen Tucker**

Date Submitted: **01/03/2024**

Reviewing Analyst should review for at least the following: (If unsure about any part of the contract, return to responsible Analyst for clarification.)

NEW If Renewal, purchase summary is included. **Total Amount: \$ 0.00**

_____ Basis of evaluation typed and understandable. (i.e., equal to GSA, discount from list comparable to other comparable contracts, price/discount, increase/decrease.)
This manufacturer does not currently hold a GSA contract. State of MS discount average 22%. Prices are comparable to other Vendors on state contract.

_____ Product literature is in Magic submitted proposal.

Reviewing Analyst

(Please Initial) _____

Returned with Questions _____

Date Returned _____

Approved _____

Date Approved _____ (If approved, forward to Director)

Director's Approval _____

Date _____

Contracts must be approved by Director prior to being submitted to clerical staff

Date Checked By Final Reviewer: _____

Review Initials: _____

Date Email With Contract to Be Signed Sent: 1-12-24

Admin. Initials: UB

Date Second Email With Contract to Be Signed Sent: _____

Admin. Initials: _____

Date Signed Contract Was Returned: 1-12-24

Admin. Initials: UB