Part II – Cost Proposal	
RFP Title:	Food Services for Nevada State Veterans Home
RFP:	3257
Vendor Name:	Healthcare Services Group, INC.
Address:	3220 Tillman Dr. #300 Bensalem, Pa 19020
Proposal Opening Date:	July 21, 2016
Proposal Opening Time:	2:00 PM

MASTER

Healthcare SERVICES GROUP

SOLUTIONS • PERFORMANCE • RESULTS

Cost Proposal

Vendor Name – Healthcare Services Group, INC.

RFP 3257 Food Services Cost Matrix

Average Daily Census of Facility	Cost per meal
1-60	$26.69
61-70	$24.98
71-80	$22.82
81-90	$21.98
91-100	$20.50
101-110	$20.30
111-120	$20.14
121-130	$21.83
131-140	$21.83
141-150	$22.40
151-160	$22.38
161-170	$21.83
171 and above	$21.83

Percent of markup for raw foods for snacks 0% - Included in per Meal Cost.

***The Average Daily Census of Facility is inclusive of tube feeders. There are usually 3-5 residents who require tube feeding. It is expected that the cost per meal includes all costs in the production of those meals.**

Healthcare SERVICES GROUP

SOLUTIONS • PERFORMANCE • RESULTS

ATTACHMENT I – COST PROPOSAL CERTIFICATION OF COMPLIANCE TERMS AND CONDITIONS OF RFP

I have read, understand and agree to comply with the terms and conditions specified in this Request for Proposal.

YES X I agree to comply with the terms and conditions specified in this RFP.

NO _____ I do not agree to comply with the terms and conditions specified in this RFP.

In order for any exceptions and/or assumptions to be considered they **MUST** be documented in detail in the tables below. The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission deadline. Vendors must be specific. Nonspecific exceptions or assumptions may not be considered. If the exception or assumption requires a change in the terms or wording of the contract, the scope of work, or any incorporated documents, vendors must provide the specific language that is being proposed in the tables below.

Healthcare Service Group, INC

Company Name

Signature

Dan Hills

Print Name Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be provided)
		NONE
		NONE
		NONE

ASSUMPTION SUMMARY FORM

RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be provided)
		NONE
		NONE