Food Service for Nevada State Veterans Home

Part II - Cost Proposal

RFP: 3257

Morrison Community Living

400 Northridge Rd, Sandy Springs, GA 30350

Opening Date: July 21, 2016

Opening Time: 2:00 PM

morrison
Community Living

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Part II – Cost Proposal	
RFP Title:	Food Services for Nevada State Veterans Home
RFP:	3257
Vendor Name:	Morrison Community Living
Address:	25 Golf Drive, Aliso Viejo, Ca 92656
Opening Date:	July 21, 2016
Opening Time:	2:00 PM

Attachment H, Cost Schedule

Vendor Name: Morrison Community Living

RFP 3257 Food Services Cost Matrix

Average Daily Census of Facility	Cost per meal
1-60	17.62
61-70	16.27
71-80	14.12
81-90	12.44
91-100	11.13
101-110	10.07
111-120	9.19
121-130	8.46
131-140	7.83
141-150	7.29
151-160	6.82
161-170	6.41
171 and above	6.18

Percent of markup for raw foods for snacks _____5%_____

***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.**

Vendor Name: Morrison Community Living

RFP 3257 Food Services Cost Matrix-Option 2

Average Daily Census of Facility	Cost per meal Year 1	Cost per meal Year 2	Cost per meal Year 3	Cost per meal Year 4
1-60	16.77	17.19	17.62	18.06
61-70	15.48	15.87	16.27	16.67
71-80	13.42	13.75	14.12	14.45
81-90	11.84	12.13	12.44	12.75
91-100	10.59	10.86	11.13	11.41
101-110	9.58	9.82	10.07	10.32
111-120	8.75	8.97	9.19	9.42
121-130	8.05	8.25	8.46	8.67
131-140	7.45	7.64	7.83	8.03
141-150	6.94	7.11	7.29	7.47
151-160	6.49	6.65	6.92	6.99
161-170	6.10	6.25	6.41	6.57
171 and above	5.88	6.03	6.18	6.34

Percent of markup for raw foods for snacks _____5%_____

***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.**

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

I have read, understand and agree to comply with ***all*** 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.

If the exception and/or assumption require a change in the terms in any section of the RFP, the contract, or any incorporated documents, vendors ***must*** provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.
Note: Only cost exceptions and/or assumptions should be identified on this attachment. Do not restate the technical exceptions and/or assumptions on this attachment.

Morrison Community Living
Company Name

Signature

SHAWN LEARY
Print Name

7-15-16
Date

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

EXCEPTION SUMMARY FORM

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)
1	Attachment H – Cost Schedule	62	We put together a 4 year cost schedule as an option for consideration. This allows us to begin year 1 with a lower cost and increase costs each year by 2.5%. This optional Cost Schedule is included in our as a second page in Tab 3 or Part II Cost proposal
2	Attachment E	59	Here is wording for Attachment E section A.1.a: Insurance covering actual or alleged claims for sexual misconduct and/or molestation with limits of not less than $2 million per claim and $2 million aggregate, and claims for negligent employment, investigation, supervision, training or retention of, or failure to report to proper authorities, a person(s) who committed any act of abuse, molestation, harassment, mistreatment or maltreatment of a sexual nature. No Additional Insured is available on this part.

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)

This document must be submitted in Tab III of vendor's cost proposal.
This form MUST NOT be included in the technical proposal.