MASTER

JULY 21, 2016

PART II - COST PROPOSAL

RFP 3257, FOOD SERVICES FOR NEVADA STATE VETERANS HOME

PROPOSAL FOR A PARTNERSHIP WITH

NEVADA STATE VETERANS HOME

CARSON CITY, NV

OPENING DATE: JULY 21, 2016
OPENING TIME: 2:00 PM

A'viands
an elior company

TAB I: TITLE PAGE

PART II – COST PROPOSAL

RFP TITLE	***Food Services for Nevada State Veterans Home***
RFP:	***3257***
VENDOR NAME:	***A'viands***
ADDRESS	***1751 County Road B West Suite 300*** ***Roseville, MN 55113***
OPENING DATE:	***July 21, 2016***
OPENING TIME	***2:00 PM***

A'viands
an elior company

ATTACHMENT H, COST SCHEDULE

Vendor Name A'viands

RFP 3257 Food Services Cost Matrix

Average Daily Census of Facility	Cost per meal
1-60	23.62
61-70	13.97
71-80	12.38
81-90	11.18
91-100	10.23
101-110	9.46
111-120	8.81
121-130	8.28
131-140	7.82
141-150	7.42
151-160	7.08
161-170	6.78
171 and above	6.59

Percent of markup for raw foods for snacks 10%

***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

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.***

A'viands, LLC
Company Name

Signature

Mitch Speicher
Print Name

7/18/2016
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)

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.