

Amendment 1

RFP 3120002740

RFP for Food Services Management

This Amendment 1 to RFP 3120002740 shall serve to replace pages 35 through 37 of the original RFP. Pages 35 and 36 “Additional Information” shall be replaced with the attached pages. Page 37 “Attachment C” “Proposal Pricing Form” shall be replaced with the attached page.

No other changes have been made with this amendment 1.

This acknowledgement is required to be enclosed in your packet following the submission instructions. Failure to submit this acknowledgement may result in rejection of your proposal.

I acknowledge receipt of Amendment 1 of RFP 3120002740, RFP for Food Services Management.

Acknowledged by (signature): _____

Printed Name: _____

Company and Title: _____

Date: _____

Additional Information: (Scope of Work/Specifications/Additional Information)

Diet Breakdown Information

Building	Bed Count	Diet Type	Service Type	Time(s)
Bayview	14	<ul style="list-style-type: none"> • 7 Pureed <ul style="list-style-type: none"> - 2 with double portions - 1 with double portions of meat, ½ serving Of bread, and no concentrated sweets - 1 with double portions and lactose free • 5 Ground <ul style="list-style-type: none"> - 1 with no concentrated sweets and bread in Bite-sized pieces - 1 with 1500 calories and diced bread - 1 with double portions of meat - 1 with 1,300 calories and ½ serving of bread - 1 with 1,200 calories, no concentrated Sweets, and lactose free • 3 Honey Thickened Liquids • 4 Nectar Thickened Liquids 	Bulk	
Cypress	17	<ul style="list-style-type: none"> • 4 Pureed <ul style="list-style-type: none"> - 1 with double portions and no concentrated sweets - 1 with double portions - 1 with double portions of meat and vegetables • 2 Ground <ul style="list-style-type: none"> - 1 with 1,600 calories • 6 Regular <ul style="list-style-type: none"> - 1 with 1,600 calories and no concentrated Sweets, Whole meat (no bone) - 1 with ground meats and diced bread - 3 with diced meats - 1 with whole meats (no bone) • 5 Diced <ul style="list-style-type: none"> - 1 with 1,800 calories and no concentrates Sweets - 1 with 1 ½ services of meat and vegetables - 1 with ground meat, diced bread, no raw Vegetables, and lactose free - 1 with no concentrated sweets • 3 Nectar Thickened Liquids 	Bulk	
Gulf Oaks	11	<ul style="list-style-type: none"> • 4 Pureed <ul style="list-style-type: none"> - 1 with double portions - 1 with double portions and regular cereal - 1 with regular cereal • 2 Ground <ul style="list-style-type: none"> - 1 with no concentrated sweets - 1 with 1,600 calories and no concentrated Sweets 	Bulk	

		<ul style="list-style-type: none">• 1 Diced• 4 Regular<ul style="list-style-type: none">- 1 with diced meat and double portions- 1 with 2,000 calories, whole meat(no bone) and double portions of meat- 1 with diced meat and double portions- 1 with 1,800 calories, whole meat (no bone), and no concentrated sweets• 3 Nectar thickened liquids		
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Attachment C
PROPOSAL PRICING FORM

Base Price Per Person Served per day: \$ _____ (\$ _____ per meal) includes the following, and billed weekly; (Weekly billing shall be adjusted as population totals and diet orders change).

Rate includes as follows:

- 3 Meals per day for approximately 42 individuals 365 days per year (52 weeks x 7 days per week).
- Passed snacks 3 times per day for all individuals (i.e. mid-morning, mid-afternoon and HS nourishments)
- Extra meals:
 - Double portions for 8 individuals
 - Triple portions for 2 individuals
 - Double meat only portions for 4 individuals
 - Double vegetable-only portions for 8 individuals
 - Seconds for 6 individuals (Seconds shall be made available for **all** individuals upon requested)
 - Seconds of Meat Only for 3 individuals,
 - 1 individual who receives 5 small meals per day
- Distribution of supplements and tube feeding supplies (1x per week) (Supplies purchased by the Agency)
- Pantry Supplies up to \$ _____ annually; thereafter expense will be invoiced separately,
- Catering functions: Catering functions will continue as they have. The cost is not included in the meal price and shall be invoiced separately.
- Excludes Contract Dieticians wages paid by the Agency.

Fixed firm pricing for **Employee meals** as stated in section 7 of the RFP and an explanation of service.

Price Per Meal \$ _____.

Explanation of Service:

Name of Company: _____

Telephone: _____

Address: _____

City/State/Zip Code: _____

Authorized Binding Signature: _____

Printed Name: _____ Title: _____

We submit the above prices and agree to initiate services within _____ days from receipt of notice to proceed. Unless notified to the contrary, this offer is good for a minimum of 90 days from the date of the final proposal opening. In submitting the above, it is expressly agreed that, upon proper acceptance of any or all services by the Agency a contract shall hereby be created only after a written executed contract agreement is mailed or otherwise furnished to the successful Contractor within the time of acceptance specified above without further action by either party. The contract shall not be assignable by the Offeror in whole or in part without the written consent of Contractor