GROUP I

|  |  |  |
| --- | --- | --- |
|  | **Western Reserve Area Agency on Aging****Older Americans Act****Congregate Nutrition Program & Home-Delivered Meal Program****Competitive Proposal Pricing Document** |  |

Contract(s) Award

The WRAAA will award contracts to the Applicant whose competitive proposal will comply with all contract requirements, demonstrate the ability to cost effectively satisfy the specifications, and be most advantageous to the program, with price and other factors considered, for each individual Group (A through I) using award criteria it has developed. Applicants may receive contracts for none, one, or more Groups. **ALL AVERAGE PER MEAL COSTS SHALL BE EXPRESSED IN DOLLARS AND CENTS AND SHALL NOT BE EXPRESSED IN ANY OTHER MANNER.**

There are currently no meals being served in Geauga County, this may change during the upcoming Request for Proposal process. Therefore, numbers reflected here do not include meals from Geauga County. Will your company be able to provide meals if Geauga County meals are served?

[ ]  Yes

**GROUP I**

**GEAUGA COUNTY**

 [ ]  No

**With Performance Bond:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Meal Type** | **Average Serving Days** | **Times** | **Approximate Meals Per Day** | **Equals** | **Approximate Total Meals** | **Times** | **Bid Price Per Meal** | **Equals** | **Total Bid** |
| Cong- Regular & Emergency | **251** | X |       | = |  | X | $      | = | $      |
| HDM- Regular, Emergency & Frozen | **251** | X |       | = |  | X | $      | = | $      |
| **Approximate number of meals for Group I** |  | **Total Bid for all Meals** **Average Price per Meal With Performance Bond** | $      |
|  | $      |

**Without Performance Bond:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Meal Type** | **Average Serving Days** | **Times** | **Approximate Meals Per Day** | **Equals** | **Approximate Total Meals** | **Times** | **Bid Price Per Meal** | **Equals** | **Total Bid** |
| Cong- Regular & Emergency | **251** | X |       | = |  | X | $      | = | $      |
| HDM- Regular, Emergency & Frozen | **251** | X |       | = |  | X | $      | = | $      |
| **Approximate number of meals for Group I** |  | **Total Bid for all Meals** **Average Price per Meal Without Performance Bond** | $      |
|  | $      |

I CERTIFY THAT ALL STATEMENTS IN MY COMPANY’S COMPETITIVE PROPOSAL ARE TRUE, THAT THE INFORMATION CONTAINED IN MY COMPANY’S COMPETITIVE PROPOSAL IS ACCURATE AND COMPLETE, AND THAT MY COMPANY CAN AND SHALL PROVIDE THE NUMBERS OF MEALS OFFERED IN THIS DOCUMENT AT THE SPECIFIED
PRICES AND IN COMPLIANCE WITH ALL REQUIREMENTS, TERMS AND CONDITIONS STATED IN WRAAA'S RFP SPECIFICATIONS.

|  |  |  |
| --- | --- | --- |
|       |  |  |
| Company Legal Name |  | Signature-president/principal owner |
|       |  |       |
| Company Address |  | Typed name-president/principal owner |
|       |  |       |
| Telephone number |  | Date |

**FAILURE TO SUBMIT A COMPETITIVE PROPOSAL ON DOCUMENTS SUPPLIED BY THE WRAAA WILL ORDINARILY RESULT IN THE PROPOSAL BEING REJECTED.**

**PROPOSALS RECEIVED AFTER THE CLOSING DATE AND TIME SPECIFIED IN THIS SOLICITATION FOR COMPETITIVE PROPOSALS SPECIFICATION WILL ORDINARILY BE RETURNED UNOPENED TO THE APPLICANT.**

**WRITTEN NOTIFICATION OF A CONTRACT AWARD SHALL BE MADE TENTATIVELY IN NOVEMBER 2019.**