GROUP B

|  |  |  |
| --- | --- | --- |
|  | **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 ENGLISH AND IN U.S. DOLLARS AND CENTS AND SHALL NOT BE EXPRESSED IN ANY OTHER MANNER.**

**GROUP B**

**Lake County**

**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 | **249** | X | 136 | = | **33,864** | X | $ | = | $ |
| HDM-  Regular,  Emergency  & Frozen | **249** | X | 710 | = | **176,790** | X | $ | = | $ |
| **Approximate number of meals for Group B** | | | | | **210,654** | **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 | **249** | X | 136 | = | **33,864** | X | $ | = | $ |
| HDM-  Regular,  Emergency  & Frozen | **249** | X | 710 | = | **176,790** | X | $ | = | $ |
| **Approximate number of meals for Group B** | | | | | **210,654** | **Total Bid for all Meals**  **Average Price per Meal Without Performance Bond** | | | $ |
|  | $ |

|  |  |  |
| --- | --- | --- |
| **Cost Breakdown** | | |
| A cost breakdown must be submitted with the competitive proposal. The Applicant shall supply the WRAAA with breakdown of costs for congregate, home delivered, emergency and frozen meals in the following categories: | | |
| **Cost Per Meal** | **Congregate**  **Regular& Emergency** | **Home Delivered Regular, Emergency & Frozen** |
| Raw Food Cost |  |  |
| Labor Cost (preparation) |  |  |
| Disposable Products Cost |  |  |
| Fringe Benefits |  |  |
| Depreciation Cost |  |  |
| Facilities Cost |  |  |
| Administration Cost |  |  |
| Profit (Pre-Tax) |  |  |
| **TOTAL** |  |  |

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 2021.**