

STATE OF OHIO
DEPARTMENT OF ADMINISTRATIVE SERVICES
GENERAL SERVICES DIVISION
OFFICE OF PROCUREMENT SERVICES
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

AMENDMENT FOR CHANGE
AMENDMENT NO. 2

TO: LIMITED DISTRIBUTION – OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES (SIX LOCATIONS) AND THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES CAMBRIDGE FACILITY

FROM: ROBERT BLAIR, DIRECTOR, DEPARTMENT OF ADMINISTRATIVE SERVICES

SUBJECT: CONTRACT FOR FOOD SERVICE MANAGEMENT AND PATIENT FOOD SERVICE FOR OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES (OHIO MHAS) HOSPITALS AND OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES (DODD) CAMBRIDGE FACILITY

Attached are pages 2-8, and 10 to this contract. Remove these pages from the existing contract and replace with the attached pages on the effective date.

This amendment is issued to add mutually agreed upon Accreditation Standards language for all facilities. Additionally, the pages have been re-numbered.

All other prices, terms and conditions remain unchanged.

This Amendment, the main Requirements Contract and any additional amendments thereto are available from the DAS Web site at the following address:

<http://www.ohio.gov/procure>

Affected Contractor(s):

105138
Morrison Management Specialist
5801 Peachtree Dunwoody Road
Atlanta, GA 30342-1503
leslieshipp@iammorrison.com

SUPPLEMENTAL LANGUAGE

*ACCREDITATION STANDARDS: The services to be performed under this contract shall meet standards required by The Joint Commission, Center for Medicaid & Medicare Services or other accrediting or certifying organizations, as appropriate.

*Denotes addition of supplemental language with amendment 2.

COST SUMMARY FORM

UNSPSC CATEGORY CODE: 90101800

APPALACHIAN BEHAVIORAL HEALTHCARE (ABH) – ATHENS CAMPUS - OAKS ID # 19474

OAKS ID	DESCRIPTION		FIXED COST PER MEAL
19474	BREAKFAST		\$5.23 Per Meal
19474	LUNCH		\$5.23 Per Meal
19474	DINNER		\$5.23 Per Meal
29449	SNACK		\$0.61 Per Snack
29450	NUTRIENT SUPPLEMENT		5___% Mark-up
19474	FLOOR STOCKS		5___% Mark-up
19474	SPECIAL EVENTS		5___% Mark-up
19474	EQUIPMENT PERCENTAGE MARK-UP FROM CONTRACTOR'S COST		0___% Mark-up
19474	EQUIPMENT AMORTIZATION PER MEAL, IF APPLICABLE		\$0.0117
19474	EQUIPMENT FINANCE CHARGE, IF APPLICABLE		0___%

Supplements: actual contractor's cost, plus proposed % mark-up.
 Floor stocks: actual contractor's cost, plus proposed % mark-up.
 Special events: actual contractor's cost, plus proposed % mark-up.

Percentage of the cost to be completed by MBE Set-Aside per sum of daily meals and snacks _____ 1.2 _____ %

Percentage of total equipment cost to be completed by MBE Set-Aside Equipment charge _____ 0 _____ %

Equipment cost, if any to be itemized and attached to the Proposal for each facility.
 Cost of equipment shall be amortized/reflected over the initial three (3) year term. Costs must include equipment, FOB: delivered costs, installation, and set-up and any per annum interest charges.

Equipment:	Itemized Cost:
1. Spray Master SMT-600W Wall Mount Pressure Washer Cleaning System	\$3,062.95

*Denotes page renumber with contract amendment 2.

COST SUMMARY FORM

HEARTLAND BEHAVIORAL HEALTHCARE (HBH)- MASSILLON CAMPUS - OAKS ID # 19476

OAKS ID	DESCRIPTION	FIXED COST PER MEAL
19476	BREAKFAST	\$4.06 Per Meal
19476	LUNCH	\$4.06 Per Meal
19476	DINNER	\$4.06 Per Meal
29451	SNACK	\$0.61 Per Snack
29452	NUTRIENT SUPPLEMENT	5__% Mark-up
19476	FLOOR STOCKS	5__% Mark-up
19476	SPECIAL EVENTS	5__% Mark-up

Supplements: actual contractor's cost, plus proposed % mark-up.

Floor stocks: actual contractor's cost, plus proposed % mark-up.

Special events: actual contractor's cost, plus proposed % mark-up.

Percentage of the cost to be completed by MBE Set-Aside per sum of daily meals and snacks _____ 1.2 _____ %

*Denotes page renumber with contract amendment 2.

COST SUMMARY FORM

NORTHCOAST BEHAVIORAL HEALTHCARE (NBH) – NORTHFIELD CAMPUS - OAKS ID # 19477

OAKS ID	DESCRIPTION		FIXED COST PER MEAL
19477	BREAKFAST		\$4.28 Per Meal
19477	LUNCH		\$4.28 Per Meal
19477	DINNER		\$4.28 Per Meal
29454	SNACK		\$0.61 Per Snack
29455	NUTRIENT SUPPLEMENT		5___% Mark-up
19477	FLOOR STOCKS		5___% Mark-up
19477	SPECIAL EVENTS		5___% Mark-up
19477	EQUIPMENT PERCENTAGE MARK-UP FROM CONTRACTOR'S COST		0___% Mark-up
19477	EQUIPMENT AMORTIZATION PER MEAL, IF APPLICABLE		\$0.0570
19477	EQUIPMENT FINANCE CHARGE, IF APPLICABLE		0___%

Supplements: actual contractor's cost, plus proposed % mark-up.

Floor stocks: actual contractor's cost, plus proposed % mark-up.

Special events: actual contractor's cost, plus proposed % mark-up.

Percentage of the cost to be completed by MBE Set-Aside per sum of daily meals and snacks _____ 1.2 _____ %

Percentage of total equipment cost to be completed by MBE Set-Aside Equipment charge _____ 0 _____ %

Equipment cost, if any to be itemized and attached to the Proposal for each facility.

Cost of equipment shall be amortized/reflected over the initial three (3) year term. Costs must include equipment, FOB: delivered costs, installation, and set-up and any per annum interest charges.

Equipment: Aladdin Temp-Rite	Itemized Cost:
1. Five Hundred and Fifty (550) Heat on Demand Tray, Ivory Part No. 97629	\$29,614.80
2 Five Hundred and Fifty (550) Heat on Demand Tray Dome, Evening Blue Part No.98320	\$7,562.40
3. Five Hundred and Fifty (550) 9" high Heat Plastic Plate, Bone Part No. 12140	\$7,314.00
4. Five Hundred and Fifty (550) Allure 8 oz. Mug Evening Blue Part No. 98527	\$656.64
5. Five Hundred and Fifty (550) Allure 8 oz. Round Soup Bowl, Evening Blue Part No. 31857	\$737.28
6. Five Hundred and Fifty (550) Allure 5 oz. Round Soup Bowl, Evening Blue Part No. 31862	\$656.64
7. Five Hundred and Fifty (550) Dimensions 6.5" Plate, Clear Part No. 11853	\$621.60
8. Five Hundred and Fifty (550) Dimensions 8 oz. Bowl, Clear Part No. 98779	\$515.20
9. Five Hundred and Fifty (550)Dimensions 6 oz. Tumbler Part No. 98780	\$470.40
10. Five Hundred and Fifty (550) Dimensions Ergo 8 oz. tumbler Part No. 98781	\$504.00

*Denotes page renumber with contract amendment 2.

COST SUMMARY FORM

NORTHWEST OHIO PSYCHIATRIC HOSPITAL (NOPH) – TOLEDO CAMPUS - OAKS ID # 19478

OAKS ID	DESCRIPTION	FIXED COST PER MEAL
19478	BREAKFAST	\$5.07 Per Meal
19478	LUNCH	\$5.07 Per Meal
19478	DINNER	\$5.07 Per Meal
29456	SNACK	\$0.61 Per Snack
29457	NUTRIENT SUPPLEMENT	5___% Mark-up
19478	FLOOR STOCKS	5___% Mark-up
19478	SPECIAL EVENTS	5___% Mark-up

Supplements: actual contractor's cost, plus proposed % mark-up.

Floor stocks: actual contractor's cost, plus proposed % mark-up.

Special events: actual contractor's cost, plus proposed % mark-up.

Percentage of the cost to be completed by MBE Set-Aside per sum of daily meals and snacks _____ 1.2 _____ %

*Denotes page renumber with contract amendment 2.

COST SUMMARY FORM

SUMMIT BEHAVIORAL HEALTHCARE (SBH) - OAKS ID # 19479

OAKS ID	DESCRIPTION	FIXED COST PER MEAL
19479	BREAKFAST	\$4.34 Per Meal
19479	LUNCH	\$4.34 Per Meal
19479	DINNER	\$4.34 Per Meal
29458	SNACK	\$0.61 Per Snack
29459	NUTRIENT SUPPLEMENT	5__% Mark-up
19479	FLOOR STOCKS	5__% Mark-up
19479	SPECIAL EVENTS	5__% Mark-up

Supplements: actual contractor's cost, plus proposed % mark-up.

Floor stocks: actual contractor's cost, plus proposed % mark-up.

Special events: actual contractor's cost, plus proposed % mark-up.

Percentage of the cost to be completed by MBE Set-Aside per sum of daily meals and snacks _____ 1.2 _____ %

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COST SUMMARY FORM

TWIN VALLEY BEHAVIORAL HEALTHCARE (TVBH) – COLUMBUS CAMPUS - OAKS ID # 19480

OAKS ID	DESCRIPTION	FIXED COST PER MEAL
19480	BREAKFAST	\$4.49 Per Meal
19480	LUNCH	\$4.49 Per Meal
19480	DINNER	\$4.49 Per Meal
29460	SNACK	\$0.61 Per Snack
29461	NUTRIENT SUPPLEMENT	5__% Mark-up
19480	FLOOR STOCKS	5__% Mark-up
19480	SPECIAL EVENTS	5__% Mark-up

Supplements: actual contractor's cost, plus proposed % mark-up.
 Floor stocks: actual contractor's cost, plus proposed % mark-up.
 Special events: actual contractor's cost, plus proposed % mark-up.

All costs must be in U.S. Dollars.
 The State will not be responsible for any costs not identified.
 There will be no additional reimbursement for travel or other related expenses.

Percentage of the cost to be completed by MBE Set-Aside per sum of daily meals and snacks _____ 1.2 _____ %

*Denotes page renumber with contract amendment 2.

SUMMARY OF AMENDMENTS

Amendment Number	Effective Date	Description
2	09/14/16	This amendment is issued to add mutually agreed upon Accreditation Standards language for all facilities. Additionally, the pages have been re-numbered.
1	02/26/16	This amendment is issue to add OAKS ID numbers for the snack and nutrient supplements at all Behavioral Health facilities.

