



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

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

CONTRACT NUMBER: CSP900316

EFFECTIVE DATES: 07/01/15 TO 06/30/18

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP900316 that opened on January 14, 2015. The evaluation of the Proposal responses has been completed. The Offeror listed herein has been determined to be the highest ranking Offeror and has been awarded a Contract for the services listed. The respective Proposal response including, Contract Terms & Conditions, any Proposal amendment, special Contract Terms & Conditions, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Services Contract.

This Requirements Contract is effective beginning and ending on the dates noted above unless, prior to the expiration date, the Contract is renewed, terminated, or cancelled in accordance with the Contract Terms and Conditions.

This Requirements Contract is available to the Ohio Department of Mental Health and Addiction Services (six locations) and the Ohio Department of Developmental Disabilities Cambridge Facility as applicable.

The agency is eligible to make purchases of the contracted services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that department will purchase the volume of services as advertised in the Request for Proposal.

Questions regarding this and/or the Services Contract may be directed to:

Jennifer Dammeyer, CPPB
Jennifer.Dammeyer@das.ohio.gov

This Requirements Contract and any Amendments thereto are available from the DAS Web site at the following address:

www.ohio.gov/procure

COST SUMMARY FORM

UNSPSC CATEGORY CODE: 90101800

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

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

COST SUMMARY FORM

CAMBRIDGE DEVELOPMENTAL CENTER (CaCD) - OAKS ID # 19475

OAKS ID	DESCRIPTION	FIXED COST PER MEAL
19135	BREAKFAST	\$5.05 Per Meal
19136	LUNCH	\$5.05 Per Meal
19137	DINNER	\$5.05 Per Meal
19181	SNACK	\$0.61 Per Meal
19139	NUTRIENT SUPPLEMENT	5__% Mark-up
19140	FLOOR STOCKS	5__% Mark-up
19141	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 _____ %

COST SUMMARY FORM

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

DESCRIPTION	FIXED COST PER MEAL
BREAKFAST	\$4.06 Per Meal
LUNCH	\$4.06 Per Meal
DINNER	\$4.06 Per Meal
SNACK	\$0.61 Per Snack
NUTRIENT SUPPLEMENT	5___% Mark-up
FLOOR STOCKS	5___% Mark-up
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 _____ %

COST SUMMARY FORM

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

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

COST SUMMARY FORM

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

DESCRIPTION	FIXED COST PER MEAL
BREAKFAST	\$5.07 Per Meal
LUNCH	\$5.07 Per Meal
DINNER	\$5.07 Per Meal
SNACK	\$0.61 Per Snack
NUTRIENT SUPPLEMENT	5___% Mark-up
FLOOR STOCKS	5___% Mark-up
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 _____ %

COST SUMMARY FORM

SUMMIT BEHAVIORAL HEALTHCARE (SBH) - OAKS ID # 19479

DESCRIPTION	FIXED COST PER MEAL
BREAKFAST	\$4.34 Per Meal
LUNCH	\$4.34 Per Meal
DINNER	\$4.34 Per Meal
SNACK	\$0.61 Per Snack
NUTRIENT SUPPLEMENT	5___% Mark-up
FLOOR STOCKS	5___% Mark-up
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 _____ %

COST SUMMARY FORM

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

DESCRIPTION	FIXED COST PER MEAL
BREAKFAST	\$4.49 Per Meal
LUNCH	\$4.49 Per Meal
DINNER	\$4.49 Per Meal
SNACK	\$0.61 Per Snack
NUTRIENT SUPPLEMENT	5__% Mark-up
FLOOR STOCKS	5__% Mark-up
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 _____ %

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

105138
Morrison Management Specialists
5801 Peachtree Dunwoody Road
Atlanta, GA 30342-1503

BID CONTRACT NO.: CSP900316-1

TERMS: Net 30 Days

CONTRACTOR'S CONTACT:

Leslie Shipp, Region Director of Operations
Morrison Management Specialist
1748 Sheridan St.
Detroit, MI 48214

Telephone: (330) 913-8558
Cell Phone: (248) 251-8902
FAX: (630) 771-4306
E-mail: leslieshipp@iammorrison.com

REMIT TO:

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Morrison Management Specialists
PO Box 102289
Atlanta, GA 30368-2289