

Information Needed for Completion of Form 372

Request partially completed from State for historical meal and reimbursement data. Send email to snpsspecialprojects@ag.nj.gov, Subject: Form 372 Data Request – SFA Name and agreement number

You will also need:

A la Carte sales from January 2018 through December 2018

Special Function Sales for the same period

Listing of meal service information/services per school

Vending machine census

Information Needed for Completion of the Cost Reimbursable RFP (Form #17CR)

Child Nutrition Agreement Number:

Due Date and Time for Opening

Date, Time and Starting Location of the pre-proposal meeting

Date for last questions from potential FSMCs

RFP Protest Procedure

Is a minimum guaranteed result to be included in the RFP? If yes, amount \$_____

Estimated Number of Serving Days and Meal Prices for each level and program type

FSMC Staffing Schedule with positions and hours per location. If District prefers to specify the minimum wages to be maintained for the existing staff, an approved Form 47 change request will be required prior to advertising the RFP

Consider FSMC employee and management incentive/bonuses as part of compensation

SFA Staffing Schedule, if applicable

If the District wants the FSMC to make equipment purchases as part of proposal, gather the specifications or information needed

Determine your District's minimum insurance limit requirements for:

General Liability_____

Worker's Compensation_____

Automobile_____

Consider what is important to the District and what are the priorities for the cafeteria program. Create a list of at least six criteria and rank them according to importance. (Minimum six with Maximum 10). These should be weighted according to the importance, with the cost holding the highest weight

Fully completed Form 372.

Menus/Price Lists

Fund 60 Audit Page

Blank Form 23 and mandatory Federal Forms to include with the RFP are available in SNEARS in Resources in the FSMC All Contracts Required Documents folder

If the RFP includes the SFSP or CACFP dinner programs, complete the appropriate RFP Addendum form found in SNEARS in Resources in the FSMC SFSP and CACFP Documents folder

SFA Completion of the Cost Reimbursable RFP (Form #17CR)

Information specific to the SFA must be completed in this document to provide necessary and accurate information for the FSMCs to provide competitive and accurate proposals. The following pages of the Cost Reimbursable RFP/Contract must be completed prior to the RFP solicitation request:

Page 1	Complete the SFA Information
Page 3	Insert information where indicated
Page 4	Check boxes for programs SFA currently participates in; then check boxes for programs the SFA is considering over the length of the contract and all renewals
Page 5	SFA must check the yes or no box referencing SFA/SFA Vended Meals or Consolidation Agreements
Page 8	C. RFP Protests (1) SFA must insert RFP Protest Procedure
Pages 11	<u>Complete ONLY IF</u> the SFA is choosing the Geographical Preference Option
Page 12	#6. Guarantee: Complete ONLY IF the SFA is stating a required guarantee amount
Page 14	#7. Guarantee Conditions and Assumptions: (h). Carefully consider the completion of these numbers since they directly impact the FSMC guarantee . Estimate the minimum meal serving days and prices
Pages 24-26	K. Employees/Personnel: SFA should carefully review Option I, Option II and Option III and use the check box to select the SFA's staffing needs. SFA must also check either the agree or does not agree box in the Option selected to indicate if bonuses/incentives can be paid to FSMC employees
Page 26	Staff Conversion: SFA must check a box regarding conversion of SFA staff to the FSMC payroll.
Page 30	N. Inventory, Equipment, FSMC Investment, Storage & Use of Facilities: #11. SFA must select the box regarding their equipment purchase preference
Page 35-36	Y. Insurance: #2 (a), (b) & (c); Insert the amount of coverage
Page 36	Z. SFSP: SFA must check a box AA. CACFP: SFA must check a box
Page 44	RFP Scoring Criteria and Evaluation Form: SFA must complete including weighting factors prior to the RFP being advertised. The form must be completed to evaluate the FSMC proposals. Sample Scoring Criteria (Form #320) are located in SNEARS Resources FSMC Samples and References
Page 45	Costs Included in the Cost Reimbursable Contract Administrative/Management Fee: SFA must review and de-select any items the SFA does not want included in the FSMC's Administrative/Management Fee. SA recommends that all boxes remain checked to ensure that costs are not charged to the SFA more than once
Pages 46-47	Cost Reimbursable Cost and Responsibility Summary: Boxes that are pre-checked must remain checked; SFA must complete the rest of the form by checking the appropriate column or indicating NA
Page 48-49	SFA Minimum Staffing Requirements: SFA must check one box and if box #2 is selected, SFA must complete the entire form. SA recommends that the SFA complete the minimum staffing level information
Page 50	SFA Requested Equipment: SFA must choose one of the options regarding equipment and if SFA is checking the 3 rd box, the SFA must complete the form
Page 51	Confirmation of SFA to SFA Vended Meal Contract(s) and/or Consolidation Agreement(s): <u>Complete ONLY IF</u> the SFA checked YES on page 5 of the RFP
Page 52	SFA should use this page as a reference for the remaining documents that must be included in the RFP. (SA cannot provide these documents)

COST REIMBURSABLE RFP MODIFICATION REQUEST FORM

FOR PROTOTYPE COST REIMBURSABLE RFP
SCHOOL YEAR 2019-2020
DEADLINE FOR SUBMISSION TO THE STATE AGENCY: April 30, 2019

School Food Authority:			
Agreement Number:			
Address:			
Phone:		Fax:	
Contact Person:		Title:	
Email:			
Name of FSMC:			

Return this form and any additional documents Electronically to the following State Agency Email:

SNPSpecialProjects@ag.nj.gov

Subject line: RFP Modification Request: SFA Name: Agreement Number

ALLOW 30 BUSINESS DAYS FOR STATE AGENCY REVIEW
ONLY UPON APPROVAL CAN RFP BE ADVERTISED

A COMPLETED SCHOOL FOOD SERVICE PROGRAM LARGE EQUIPMENT REQUEST FORM (Form #106) MUST BE COMPLETED FOR ANY EQUIPMENT COSTING MORE THAN \$5000, AND NOT LISTED ON THE SA PRE-APPROVED EQUIPMENT LIST (Form #286)

COST REIMBURSABLE RFP MODIFICATION REQUEST FORM

Clearly identify the page, section name, and letter and number of the area of the State Agency Prototype Cost Reimbursable RFP you want to change. Include any additional or more detailed documentation.

Page		Section Name		Letter/Number	
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Page		Section Name		Letter/Number	
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Page		Section Name		Letter/Number	
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COST REIMBURSABLE RFP MODIFICATION REQUEST FORM

The SFA agrees that these changes cannot be made in the RFP
until the approval of the changes is received from the NJ Department of Agriculture.

_____	_____
PRINTED NAME	TITLE
_____	_____
SIGNATURE	DATE

FOR STATE AGENCY USE ONLY:

Date received: _____ Reviewed by: _____

Approved Not Approved Date: _____

Comments:

FSMC PROPOSAL COMPARISON FORM

School Food Authority (SFA): _____

DATE: _____

This form is to be used in conjunction with weighted average scoring criteria established in the RFP. RFP must be awarded to the most responsive proposal with price as the primary factor. Use additional forms if more than four (4) proposals were received. Actual Prior Year Information comes from SFA - RFP Form # 372 and SFA operating statements. FSMC Meal counts, revenue and expense figures are taken directly from the "Response and Projected Operating Statement" - Form 23 completed by all FSMC's submitting a proposal. Form 24 must be submitted with Contract documents - incomplete forms will not be accepted by the State Agency.

FSMC Name: _____
 Score from Evaluation Form: _____
 Section 1: All Data from Form 23 - Revenue - page 3 - (A+B=C) Expenses - page 4 - (D+E+F+G = H) + (I) = (L)

Number of Student Meals: _____
 Actual Prior Year

	Breakfast		Lunch		Breakfast		Lunch		Breakfast		Lunch	
Free												
Reduced												
Paid												
Total projected meals served	0	0	0	0	0	0	0	0	0	0	0	0

	(A)	(B)	(C)	(A)	(B)	(C)	(A)	(B)	(C)	(A)	(B)	(C)
Sales												
Reimbursement												
Total Revenue: A+B=C (100%)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Combined Revenue	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Break. & Lunch A+B=C (100%)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Does reimbursement include the 6 cent (performance based) funding? Yes No

EXPENSES	Costs	% of Revenue	Costs	% of Revenue	Costs	% of Revenue	Costs	% of Revenue
Food Cost		(D)		(D)		(D)		(D)
Labor		(E)		(E)		(E)		(E)
Paper/Cleaning		(F)		(F)		(F)		(F)
*Other Expenses		(G)		(G)		(G)		(G)
Total Other	\$0.00	(H)	\$0.00	(H)	\$0.00	(H)	\$0.00	(H)
ADMIN./MANGT. FEE		(J)		(J)		(J)		(J)
*TOTAL COST OF CONTRACT (H+J)	\$0.00	(L)	\$0.00	(L)	\$0.00	(L)	\$0.00	(L)
Bottom Line (breakeven/surplus or (loss))	\$0.00	(K)	\$0.00	(K)	\$0.00	(K)	\$0.00	(K)

* Use total cost of contract (L) as price comparison in evaluation of price (must have the highest weight)

Is this bottom line a guarantee? Yes No

If yes, is the guarantee the same as projected bottom line? Yes No

If no, what is the actual guarantee? _____

Did RFP comply with the specifications? Yes No

Comments: _____