

**Attachment A**  
**Proposal Form**  
**MILFORD RECREATION CONCESSIONS RFP**

Business Name(s): \_\_\_\_\_

Tax ID No.: \_\_\_\_\_

Operator Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Attach additional sheets as required.*

**Experience and Qualifications:**

Describe related experience of all individuals who will be involved in the delivery of proposed concessions.

Name: \_\_\_\_\_

Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Staffing Recommendations:**

Explain how you will staff the operations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed Menu and Pricing:**

<u>Description of Items</u>	<u>Brand</u>	<u>Sale Price</u>
-----------------------------	--------------	-------------------

_____		
_____		
_____		

*Please continue full menu on separate sheet.*

**Food Safety:**

Describe the food safety standards your operation would adhere to including any necessary compliance with federal, state or local health or safety regulations.

---

---

---

---

**Customer Service:**

Describe the customer service standards that you use to ensure exceptional customer relations.

---

---

---

---

**Operating Schedule:**

Describe the proposed operating schedule during the service season.

---

---

---

---

**Finance/Accounting Procedures:**

Overview your finance and inventory procedures. State the flat fee or percentage amount of the lease payment that would be due to the Recreation Commission.

---

---

---

---

**Site Improvements and Other Requirements (at operator's expense):**

---

---

---

---

**References:**

Provide three references that will verify any of the statements included in your proposal.

By submittal of a proposal, you understand and agree to meet to terms and requirements of the Milford Recreation Concession Services Agreement, and certify as follows:

I certify that all the information provided in this proposal is true and can be verified through the references provided. I understand the risks, responsibilities, and obligations associated with operating concessions and these are taken into account in this proposal.

I certify that I am able to comply with the insurance provisions of Milford Recreation Concession Services Agreement and to provide in a timely manner a certificate of insurance.

I certify that I am able to comply with the requirement of obtaining criminal background checks on all my employees working at the Keyes Pool Concession Stand.

*Submitted by:*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name (please print)**

\_\_\_\_\_  
**Title (if any)**

Deadline for submittal of sealed proposals, **Noon on Monday, May 1, 2017.**

All inquiries made to:

Arene Berry, Director  
Town of Milford Recreation Department  
One Union Square  
Milford, NH 03055  
(603) 249-0625