

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 day-to-day operations to open concessions per the Concession Services Agreement.

Proposed Menu and Pricing:

<u>Description of Items</u>	<u>Brand</u>	<u>Sale Price</u>
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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 to ensure the maximum hours of concession services during the service season.

Finance/Accounting Procedures:

Overview your finance and inventory procedures.

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 Tuesday, May 3, 2016.**

All inquiries made to:

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