

# County of Fairfax, Virginia

# ADDENDUM

DATE: November 28, 2022

|                                       | ADDENDUM NO.                               | <u>4</u>  |
|---------------------------------------|--|---|
| TO:                                   | ALL PROSPECTIVE OFFERORS                   |   |
| REFERENCE:                            | RFP 2000003570                             |   |
| TITLE:                                | Adult Detention Center Food Service        |   |
| DUE DATE/TIME:                        | December 5, 2022 @ 2:00 P.M. (Rev          | sed)  |
| The referenced requ                   | lest for proposal is amended as follows:   |   |
| 1. Refer to Attac                     | chment A for responses to questions re     | ceived via the Bonfire Portal.                                  |
| 2. Refer to Attac                     | chment B for copies of recent billing inve | oices.  |
| All other terms and o                 | conditions remain the same.                |   |
| Yong Kim, CPPB Contract Specialist II | <br>I                                      |   |
| THIS ADDENDUM<br>REQUEST FOR PRO      |  | SIDERED A PART OF THE SUBJECT                                   |
|                                       | Name of Firm                               | 1   |
|                                       |  |   |
| (Signa                                | ature)                                     | (Date)  |
|                                       | RIOR TO DUE DATE/TIME. FAILUF              | CLUDED IN THE PROPOSAL PACKAGE<br>RE TO DO SO MAY RESULT IN THE |

NOTE: SIGNATURE ON THIS ADDENDUM DOES NOT SUBSTITUTE FOR YOUR SIGNATURE ON THE ORIGINAL PROPOSAL DOCUMENT. THE ORIGINAL PROPOSAL DOCUMENT MUST BE SIGNED.

# **Questions and Answers**

Q1) Please provide copies of a recent billing invoice and meal count sheet that show the numbers served for each of the various types of meals served such as regular meals, special diets, sack lunches, staff meals, etc.

A1)

| Week 20    |           |                 |             |   |
|------------|-----------|-----------------|-------------|---|
| 11/16/2022 | Invoice # | 200520600003969 | \$22,697.58 | Inmates Population Meals                        |
| 11/16/2022 | Invoice # | 200520600003970 | \$305.00    | charge for Trustee inmates orange juice trustee |
| 11/16/2022 | Invoice # | 200520600003971 | \$2,000.00  | Styrofoam                                       |
| 11/16/2022 | Invoice # | 200520600003972 | \$1,796.02  | Religious Meals                                 |
| 11/16/2022 | Invoice # | 200520600003973 | \$2,927.15  | Inmates Medical meals and snacks                |
| 11/16/2022 | Invoice # | 200520600003974 | \$124.95    | Kosher Meals                                    |

# Please refer to Attachment B for copies of recent billing invoices.

- Q2) Please provide a list of catering events the vendor may be expected to provide during the normal year. Additionally, please provide information regarding any billing/payment for these events.
- A2) Catering is not a requirement of this RFP/resultant contract. If asked to cater, the vendor can accept or decline, with no impact on the contract. No billing/payment information can be provided at this time for these events.



TO:

FAIRFAX COUNTY ADC, DEPARTMENT OF FINANCE PO: 8500512462 M.L.919191

P.O.BOX 1147 Fairfax, VA 22038-1147 Please Remit Payment to:

Aramark Dallas Lockbox P.O. Box 978839 Dallas, TX 75397 -8839

Profit Center: Invoice Number:

200520600 - Fairfax County

200520600-003969

**Invoice Date:** 

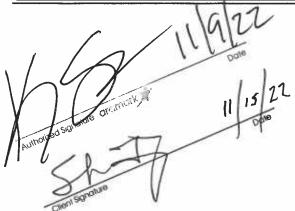
11/9/2022

For additional information on this Invoice, please contact:

Sanseverino-Kristin 703-246-4672, sanseverino-kristin@aramark.com

PLEASE PAY THIS AMOUNT 22,697.58

| Sale Date | Description                                 | Net Amount  | Tax Amount | Gross Amount |
|-----------|---|-------------|------------|--------------|
| 11/9/2022 | Inmate Population meals Week Ending 11.9.22 |             |            |              |
|           | Inmate Meal 12,838 each @ 1.7680            | \$22,697.58 | \$0.00     | \$22,697.58  |
|           |   | \$22,697.58 | \$0.00     | \$22,697.58  |



| Net Amount:   | \$22,697.58 |
|---------------|-------------|
| Tax:          | \$0.00      |
| Total Amount: | \$22,697.58 |

Terms: Due Upon Presentation

Make checks payable to Aramark Services, Inc.

#### **Important**



TO:

FAIRFAX COUNTY ADC, DEPARTMENT OF FINANCE

PO: 8500512462 M.L.919191 P.O.BOX 1147 Fairfax, VA 22038-1147 Please Remit Payment to:

Aramark Dallas Lockbox P.O. Box 978839 Dallas, TX 75397 -8839

**Profit Center: Invoice Number:**  200520600 - Fairfax County

200520600-003970

**Invoice Date:** 

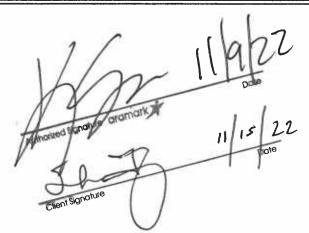
11/9/2022

For additional information on this Invoice, please contact:

Sanseverino-Kristin 703-246-4672, sanseverino-kristin@aramark.com

PLEASE PAY THIS AMOUNT 305.00

| Sale Date | Description                           | Net Amount       | Tax Amount | Gross Amount |
|-----------|---------------------------------------|------------------|------------|--------------|
| 11/9/2022 | Charge for Trustee & Inmate Juice Wee | k ending 11.9.22 |            |              |
|           | Charge for Trustee Juice              | \$180.00         | \$0.00     | \$180.00     |
|           | Charge for Inmate Juice               | \$125.00         | \$0.00     | \$125.00     |
|           |                                       | \$305.00         | \$0.00     | \$305.00     |



| Net Amount:   | \$305.00 |
|---------------|----------|
| Tax:          | \$0.00   |
| Total Amount: | \$305.00 |

Terms: Due Upon Presentation

Make checks payable to Aramark Services, Inc.

# **Important**



TO:

FAIRFAX COUNTY ADC, DEPARTMENT OF FINANCE PO: 8500512462 M.L.919191 P.O.BOX 1147 Fairfax, VA 22038-1147 Please Remit Payment to:

Aramark Dallas Lockbox P.O. Box 978839 Dallas, TX 75397 -8839

Profit Center: Invoice Number: 200520600 - Fairfax County

200520600-003971

**Invoice Date:** 

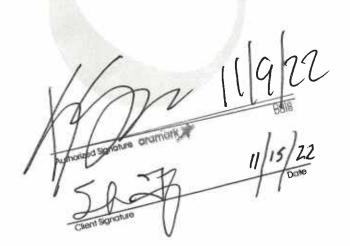
11/9/2022

For additional information on this Invoice, please contact:

Sanseverino-Kristin 703-246-4672, sanseverino-kristin@aramark.com

PLEASE PAY THIS AMOUNT 2,000.00

| Sale Date | Description  | Net Amount      | Tax Amount       | Gross Amount |
|-----------|--|-----------------|------------------|--------------|
| 11/9/2022 | 70 cases of styrofoam for Covid Lockdown an spoons @ 25.00 Week Ending 11.9.22 | d Quarantine Un | its @ \$25.00 10 | cases of     |
|           | styrofoam for quarantine   | \$2,000.00      | \$0.00           | \$2,000.00   |
|           |  | \$2,000.00      | \$0.00           | \$2,000.00   |



| Net Amount:   | \$2,000.00 |
|---------------|------------|
| Tax:          | \$0.00     |
| Total Amount: | \$2,000.00 |

Terms: Due Upon Presentation

Make checks payable to Aramark Services, Inc.

#### **Important**



TO:

FAIRFAX COUNTY ADC, DEPARTMENT OF FINANCE PO: 8500512462 M.L.919191 P.O.BOX 1147 Fairfax, VA 22038-1147 Please Remit Payment to:

Aramark Dallas Lockbox P.O. Box 978839 Dallas, TX 75397 -8839

Profit Center: Invoice Number:

200520600 - Fairfax County

200520600-003972

**Invoice Date:** 

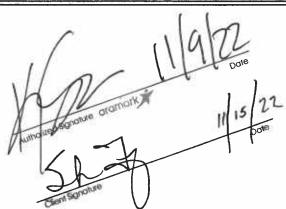
11/9/2022

For additional information on this Invoice, please contact:

Sanseverino-Kristin 703-246-4672, sanseverino-kristin@aramark.com

PLEASE PAY THIS AMOUNT 1,796.02

| Sale Date | Description                                | Net Amount | Tax Amount | Gross Amount |
|-----------|--|------------|------------|--------------|
| 11/9/2022 | Inmate Religious meals Week Ending 11.9.22 |            |            |              |
|           | Religious Meals 883 each @ 2.0340          | \$1,796.02 | \$0.00     | \$1,796.02   |
|           |  | \$1,796.02 | \$0.00     | \$1,796.02   |



| Net Amount:   | \$1,796.02 |
|---------------|------------|
| Tax:          | \$0.00     |
| Total Amount: | \$1,796.02 |

Terms: Due Upon Presentation

Make checks payable to Aramark Services, Inc.

#### **Important**



TO:

FAIRFAX COUNTY ADC, DEPARTMENT OF FINANCE PO: 8500512462 M.L.919191 P.O.BOX 1147 Fairfax, VA 22038-1147

Please Remit Payment to:

Aramark Dallas Lockbox P.O. Box 978839 Dallas, TX 75397 -8839

**Profit Center: Invoice Number:**  200520600 - Fairfax County

200520600-003973

**Invoice Date:** 

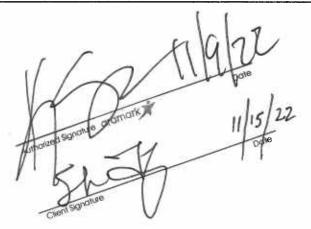
11/9/2022

For additional information on this Invoice, please contact:

Sanseverino-Kristin 703-246-4672, sanseverino-kristin@aramark.com

PLEASE PAY THIS AMOUNT 2,927.15

| Sale Date | Description   | Net Amount    | Tax Amount | Gross Amount |
|-----------|---|---------------|------------|--------------|
| 11/9/2022 | Inmate Medical meals and Snack Bags Week E                | nding 11.9.22 |            |              |
|           | Non Contrated Sweets Diet Menu<br>1,328 Assembly @ 2.0340 | \$2,701.15    | \$0.00     | \$2,701.15   |
|           | Enhanced Snacks 226 each @ 1.0000                         | \$226.00      | \$0.00     | \$226.00     |
|           |   | \$2,927.15    | \$0.00     | \$2,927.15   |



| Net Amount:   | \$2,927.15 |
|---------------|------------|
| Tax:          | \$0.00     |
| Total Amount: | \$2,927.15 |

Terms: Due Upon Presentation

Make checks payable to Aramark Services, Inc.

# **Important**



TO:

FAIRFAX COUNTY ADC, DEPARTMENT OF FINANCE PO: 8500512462 M.L.919191 P.O.BOX 1147 Fairfax, VA 22038-1147

Please Remit Payment to:

Aramark Dallas Lockbox P.O. Box 978839 Dallas, TX 75397 -8839

Profit Center:

200520600 - Fairfax County

Invoice Number:

200520600-003974

**Invoice Date:** 

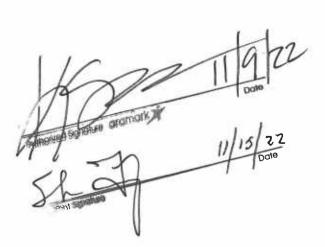
11/9/2022

For additional information on this Invoice, please contact:

Sanseverino-Kristin 703-246-4672, sanseverino-kristin@aramark.com

PLEASE PAY THIS AMOUNT 124.95

| Sale Date | Description                             | Net Amount | Tax Amount | <b>Gross Amount</b> |
|-----------|---|------------|------------|---------------------|
| 11/9/2022 | Inmate Kosher meals Week Ending 11.9.22 |            |            |                     |
|           | Religious Meals 21 each @ 5.9500        | \$124.95   | \$0.00     | \$124.95            |
|           |   | \$124.95   | \$0.00     | \$124.95            |



| Net Amount:   | \$124.95 |
|---------------|----------|
| Tax:          | \$0.00   |
| Total Amount: | \$124.95 |

Terms: Due Upon Presentation

Make checks payable to Aramark Services, Inc.

#### **Important**