



Lake Havasu Unified School District No. 1

2200 Havasupai Boulevard, Lake Havasu City, AZ 86403-3798
928.505.6900 Fax 928.505.6999 www.lhusd.org

RE: Request for Best and Final Offer regarding the proposal for RFP Number: 23-24-02 - Food Service Management Company

Dear Offeror:

Pursuant to A.A.C. R7-2-1048 this letter shall constitute discussions conducted with your firm and the District hereby requests a Best and Final offer from your firm. The offer is an opportunity for your firm to make any revisions to your proposal including cost that you feel would make your offer more competitive, responsive and acceptable to the District.

The District will only allow per meal pricing even though the original RFP asked for a flat monthly fee as well. Your response should address per meal/lunch equivalent pricing in regards to Management and Administration Fees, as noted on second page. In order to be considered for award, an offeror must submit per meal pricing. Please complete or update your information on Attachment 7.3-Cost Reimbursable Financial Projected Worksheet.

The "Best and Final" offer must be submitted to Mike Murray, Business Services Director via email at mike.murray@lhusd.org no later than Friday, March 15, 2024 at 2:00 pm Arizona time. Also, follow up with a hard copy by mail to the address above by Friday, March 22, 2024. The RFP number and "Best and Final Offer" should be indicated in your letter. If you do not submit a revised offer by the due date and time, your previous offer will be considered your final offer.

Should you have any questions, please contact me at (928)505-6937. You are not to contact any Evaluation Committee Member or other employees of the District regarding this proposal with prior approval from me.

Sincerely,

Mike Murray
Director of Business Services
Lake Havasu Unified School District #1



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Cost-Reimbursable Contract Pricing

Please provide your best and final offer for the following:

Per Meal/Lunch Equivalent Administrative Fee \$ _____

Per Meal/Lunch Equivalent Management Fee \$ _____

Please complete Attachment 7.3 – Cost-Reimbursable Financial Projected Worksheet, attached.

THIS BEST AND FINAL OFFER IS SUBMITTED BY:

FSMC Name

Date

Authorized Signature/Local Representative

Telephone Number

Printed Name and Position