

**WILLIAMSON COUNTY PROPOSAL FORM**  
**FOOD SERVICE FOR THE WILLIAMSON COUNTY JAIL FACILITY**  
**PROPOSAL NUMBER: 11WCAP108**

NAME OF PROPOSER: ARAMARK Correctional Services, LLC

Mailing Address: 1101 Market Street

City: Philadelphia State: PA Zip: 19107

Email Address: burns-tom@aramark.com

Telephone: ( 800 ) 777.7090 Fax: ( 630 ) 271.5758

\* Please refer to section 1 of proposal for a  
complete list of references.

Proposer must submit at least three (3) contracts, as the prime contractor, under company name as references.

1. Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

2. Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

3. Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

4. Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

5. Company Name \_\_\_\_\_  
Contact \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_



## WILLIAMSON COUNTY CONFLICT OF INTEREST STATEMENT

I hereby acknowledge that I am aware of the Local Government Code of the State of Texas, Section 176.006 regarding conflicts of interest and will abide by all provisions as required by Texas law.

**Printed name of person submitting form:**

Thomas Burns

**Name of Company:**

ARAMARK Correctional Services, LLC

**Date:**

2.18.2011

**Signature of person submitting form:**

Notarized:

Sworn and subscribed before me

by: Melanie Berg

on 02.18.2011  
(date)



The undersigned, by his/her signature, represents that he/she is authorized to bind the proposer to fully comply with the terms and conditions of the attached Request for Proposal, Specifications, and Special Provisions for the amount(s) shown on the accompanying proposal sheet(s). By signing below, you have read the entire document and agreed to the terms therein.

\_\_\_\_\_  
Signature of Person Authorized to Sign Proposal

Date of PROPOSAL: 2.18.2011

Printed Name and Title of Signer: Thomas Burns, Senior Vice President

**DO NOT SIGN OR SUBMIT WITHOUT READING ENTIRE DOCUMENT**

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH PROPOSAL**

## REMITTANCE AND OTHER INFORMATION

### Remittance Information

Williamson County Jail will remit payment within thirty (30) days of receipt of invoice to:

ARAMARK Correctional Services  
P.O. Box 406019  
Atlanta, Georgia 30384-6019

## INVOICE

ARAMARK Correctional Services will invoice at the end of each week, for all meals ordered or served, whichever is greater. Invoiced meal prices will be calculated on the price included in this proposal. Meal counts will be called in to the front-line manager by the designated representative per meal period.

## PRICE PER MEAL

Meal prices will be billed on an ordered or served basis, whichever is greater. Special functions and catering meal services will be mutually negotiated.

<b>OPTION 1</b>	Per Regular Meal	<u>\$0.849</u>
	Dietary Snacks	<u>Included in Regular Meal Price</u>
<b>OPTION 2</b>	Per Regular Meal	<u>\$0.819</u>
	Dietary Snacks	<u>Included in Regular Meal Price</u>

ARAMARK will continue to provide Williamson County \$2,000 per month for repairs and maintenance.