

**RESOLUTION OF THE BOARD OF FREEHOLDERS
COUNTY OF ESSEX**

#03

RESOLUTION NO. _____ **AUTHORITY FOR RESOLUTION:** N.J.S.A. 40:41A-38(n)

PROPOSED BY: COUNTY EXECUTIVE **AUTHORITY FOR ACTION:** N.J.S.A. 40:41A-36(i)

SUBJECT:

**DEPARTMENT OF HEALTH AND REHABILITATION, DIVISION OF HOSPITAL CENTER –
CONTRACT AWARD TO GOURMET DINING, LLC FOR OPERATION OF FOOD SERVICES
AT THE HOSPITAL CENTER – EXERCISING ONE YEAR CONTRACT EXTENSION
OPTION – AMOUNT NOT TO EXCEED \$1,837,871.00**

WHEREAS, the County of Essex has a need for a vendor to provide for the Operation of Food Service at the Essex County Hospital Center (the “Services”); and

WHEREAS, the Board of Chosen Freeholders awarded a contract for a three year period for the Services to with Gourmet Dining, LLC with a provision to extend the contract for a two year period per N.J.S.A.40a:11-15, VIA Resolution #2014-00083 (Bid #13-219); and

WHEREAS, the Department of Health and Rehabilitation through the Office of Purchasing recommends the Board of Chosen Freeholders exercise its one year contract extension option for the Services effective February 5, 2017 to the contract with Gourmet Dining, LLC; and

WHEREAS, it has been determined that the vendor has been performing its services in an effective and efficient manner; and

WHEREAS, the Chief Financial Officer has certified that he will further certify the availability of funds to pay such contract (which certification is attached hereto); and

WHEREAS, the New Jersey Public Contracts Law (N.J.S.A. 40a: 11-1 et. seq.) requires that the Board of Chosen Freeholders by resolution approve the awarding of a contract for the provision or performance of any goods or services, the cost of which in the aggregate exceed the statutory bidding threshold; now, therefore, be it.

RESOLVED, by the Essex County Board of Chosen Freeholders:

1. That the award of a Contract for the Services at a cost not to exceed \$1,837,871.00 to Gourmet Dining, LLC exercising the County's one year contract extension option effective February 5, 2017 in accordance with the recommendation of the County's Office of Purchasing, be and hereby is approved, and that the County Administrator be and hereby is authorized to enter into and execute said contract as aforesaid together with such other documents incident thereto as may be necessary.
2. That the Clerk of the Board of Chosen Freeholders forward two (2) certified copies of this resolution and agreement to the Division of Corrections.

RECEIVED
CLERK OF THE BOARD
2017 FEB - 1 PM 2:10
ESSEX COUNTY
BOARD OF
CHOSEN FREEHOLDERS

Approved as to form and legality  Date 1/30/17

ESSEX COUNTY COUNSEL

RECORD OF VOTE (X=Vote N.V.=Abstention ABS=Absent)

Moved By Freeholder _____
 Second by Freeholder _____

Freeholder	Yes	No	N.V.	ABS	Freeholder	Yes	No	N.V.	ABS
Bobadilla					Richardson				
Gill, V.P.					Sebold				
Johnson					Timberlake, Pres.				
Jones					Toro				
Luciano									

It is hereby certified that the foregoing Resolution was () adopted () defeated () tabled by roll call vote at a _____ meeting of the Board of Chosen Freeholders of the County of Essex, New Jersey held on _____.

Is Publication Required () Yes () No

Date Published _____

 Britnee N. Timberlake, President

Gourmet Dining, LLC

February 8, 2017
Meeting Back-up
Documentation for
Resolution No. 03



COUNTY OF ESSEX

DECISION MEMORANDUM

COUNTY EXECUTIVE

BOARD AGENDA ITEM

COUNTY ADMINISTRATOR

Ralph J. Ciallella
County Administrator

DEPARTMENT: Health & Rehabilitation

Julius N. Coltre, QPA
Director of Purchasing

DIVISION: Hospital Center

January 26, 2017

**Subject: Department of Health and Rehabilitation
Food Service for Hospital Center
Bid File #13-219 (One Year Extension)**

Introduction:

The Department of Health and Rehabilitation has requested a contract to Provide Food Service at Hospital Center. In accordance with the Local Public Contract Law (N.J.S.A. 40A:11-1 et seq.), the County's Office of Purchasing advertised for bids. **In response thereto two (2) bids were received out of a possible twenty-eight (28) vendors who received/viewed the bid specifications.** This contract is an extension of bid approved by the BOCF on January 29, 2014 via resolution 2014-00083 for the third year price of \$1,837,871.00. To date \$1,781,109.54 has been expended against that contract. The minority status of each vendor cannot be determined.

Contractor	Price
Gourmet Dining, LLC	\$1,837,871.00
Whitson's Food Service	\$1,934,165.00

Contract Period: February 5, 2017 – February 4, 2018

Completed copies of all bid proposals are available in the Office of Purchasing for review. All affirmative action requirements have been met.

Recommendation

Based upon the recommendation of the Department of Health and Rehabilitation Director which is attached hereto and after reviewing the submitted bids, it is recommended that the Board of Chosen Freeholders, authorize by resolution the awarding of this contract to: Gourmet Dining, LLC, 285 Madison Avenue, Madison, NJ 07940

Reason for Recommendation:

The Hospital Center must feed its patients and this contract fulfills that need

Fiscal Impact:

As noted on attached Certification of Fund Availability, funds for this commodity are available. The cost of this extension will not exceed \$1,837,871.00 and the funding source will be account number 10127024634600 (operating funds)

Alternatives:

There is no alternative except to bid this service and award to the lowest responsive/responsible bidder



OFFICE OF ACCOUNTS AND CONTROL
HALL OF RECORDS, ROOM 542
NEWARK, NEW JERSEY 07102


CERTIFICATION OF FUNDS

Vendor Name	Gourmet Dining, LLC		
Account Name	Various		
Account and Project #	2017	2018	
Contract Period (If Applicable)	02/05/2017	02/04/2018	
Purpose of Contract	To provide for the Operation of Food Services at the Hospital Center		
	<u>1,837,871.00</u>	Contract Amount	

This contract will be certified to at such time as services are ordered per N.J.A.C.5:30-5.5b open end contracts.

I do hereby certify that the funding will be legally appropriated per the above information for the purpose specified in the attached contract. Furthermore, it has been represented to me that the contracts have been processed in accordance with the applicable provisions of the Optional County Charter Law, the Essex County Administrative Code and the Essex County Standard Operating Policies and Procedures.

CM Date: 1/30/2017
Cert: 2923


Kimberley Browne-Smeraldo
Temporary Chief Financial Officer

STATEMENT OF CERTAIN
POLITICAL CONTRIBUTIONS MADE AFTER JULY 11, 1986

(This statement is part of the proposal packet)

Ordinance Number 0-86-0007, as amended by Ordinance Number 0-95-0003, adopted by the Board of Chosen Freeholders of the County of Essex, requires that all proposals for negotiated contracts submitted by individuals and/or business entities seeking to provide goods or to perform services for the County of Essex shall contain a statement setting forth each political contribution by them of \$500.00 or more made within five years next preceding the date of said contract, either directly or indirectly, to any County elected political official, County political party and/or County official, political organization, or any State political party.

Set forth name of County elected official, County political party and/or County official, political organization, or State political party to whom a political contribution of \$500.00 or more was made by proposers within five (5) years of the date hereof.

If none, write "none".

Name	Amount
"NONE"	

Proposer: Michael Fyde - Garnet

By: 
(Signature)

Name of Signatory: Michael Fyde
(Print or Type)

MEMORANDUM OF AGREEMENT
BETWEEN

VENDOR

NAME: Gourmet Dining, LLC
ADDRESS: 285 Madison Avenue
Madison, NJ 07940

COUNTY

County of Essex
Hall of Records
465 Dr. Martin Luther King Blvd.
Newark, New Jersey 07102

BID #: 13-219
DATE ADVERTISED: December 3, 2013
DATE RECEIVED: December 19, 2013
CONTRACT PERIOD: February 5, 2017 – February 4, 2018 (One Year Extension)
BASIS OF AWARD: Lowest Responsible and Responsive Bidder
COMMODITY: Operation of Food Service at Hospital Center
DESCRIPTION:

CONDITIONS:

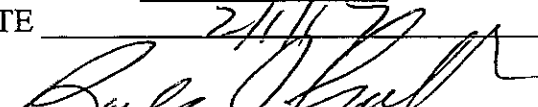
The Essex County Chief Financial Officer has certified that funds are available for this expenditure (N.J.S.A. 5:30-5.1 et seq.).

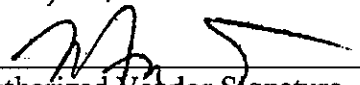
The vendor identified above hereby agrees to comply with the terms and conditions of the bid specifications, advertisement, and vendor's proposal, as submitted by the vendor listed above, under the bid number stated above, which are incorporated herein and made part hereof, and to faithfully perform the obligations therein to furnish and deliver the good or service listed above.

The award of this contract is subject to the approval of the Essex County Board of Chosen Freeholders by resolution and such resolution will be prepared and presented to the Board at its regularly scheduled meeting. This contract becomes binding and effective upon adoption by resolution by the Board of Chosen Freeholders, signature of the County Executive and attested to by the Clerk of the Board

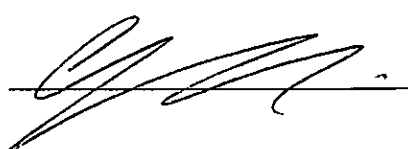
PAYMENT TERMS:

CONTRACT PERIOD: February 5, 2017 – February 4, 2018
AWARDED ITEMS: N/A
AMOUNT NOT TO EXCEED: \$1,837,871.00 (\$27.72 per patient per day + \$16,667.00 allowance)
MONTHLY PAYMENT: N/A
ANNUAL PAYMENT: N/A
TOTAL AWARD TO ALL VENDORS UNDER THIS BID: \$1,837,871.00

ESSEX COUNTY
DATE 2/11/16

Joseph N. DiVincenzo Jr.
Essex County Executive

VENDOR
DATE 12/22/16

Authorized Vendor Signature

ATTEST: _____
Deborah Davis Ford – Clerk of the Board

WITNESS: 

STATE OF NEW JERSEY
Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION 8, ITEM 11. For instructions on completing the form, go to: http://www.state.nj.us/treasury/contract_compliance/pdf/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY 22-3481711	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input checked="" type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY 1149
4. COMPANY NAME GOURMET DINING LLC		
5. STREET 285 MADISON AVE	CITY MADISON	COUNTY MDRRIS
	STATE NJ	ZIP CODE 07940
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) N/A		
7. CHECK ONE: IS THE COMPANY: <input checked="" type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER		
8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NO.		
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT 24		
10. PUBLIC AGENCY AWARDED CONTRACT		
CITY NEWARK	COUNTY ESSEX	STATE NJ
		ZIP CODE 07102
Official Use Only	DATE RECEIVED	NAUG DATE
		ASSIGNED CERTIFICATION NUMBER

SECTION B - EMPLOYMENT DATA

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. **DO NOT SUBMIT AN EEO-1 REPORT.**

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN									
	COL. 1 TOTAL (Cols. 2 & 3)	COL. 2 MALE	COL. 3 FEMALE	***** MALE *****					***** FEMALE *****				
				BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.
Officials/Managers	138	84	54	26	10	0	0	48	21	5	0	0	28
Professionals	2	0	2	0	0	0	0	0	0	0	0	0	2
Technicians	1	0	1	0	0	0	0	0	0	0	0	0	1
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0
Office & Clerical	4	1	3	0	0	0	0	1	0	0	0	1	2
Craftworkers (Skilled)	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives (Semi-skilled)	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers (Unskilled)	38	35	3	26	9	0	0	0	1	0	0	0	2
Service Workers	966	499	467	201	141	0	6	151	164	146	1	9	147
TOTAL	1149	619	530	253	160	0	6	200	186	151	1	10	182
Total employment from previous Report (if any)	1022	566	456	216	155	0	6	189	149	148	0	7	152
Temporary & Part-Time Employees	The data below shall NOT be included in the figures for the appropriate categories above.												

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED <input checked="" type="checkbox"/> 1. Visual Survey <input type="checkbox"/> 2. Employment Record <input type="checkbox"/> 3. Other (Specify)	14. IS THIS THE FIRST Employee Information Report Submitted? 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>	15. IF NO, DATE LAST REPORT SUBMITTED MO. DAY YEAR 09 29 12
13. DATES OF PAYROLL PERIOD USED From: To:		

SECTION C - SIGNATURE AND IDENTIFICATION

16. NAME OF PERSON COMPLETING FORM (Print or Type) JDHN C ROSSI	SIGNATURE 	TITLE CPA	DATE MO DAY YEAR 12 17 2013
17. ADDRESS NO. & STREET 461 WATCHUNG AVE	CITY WATCHUNG	COUNTY SOMERSET	STATE NJ
	ZIP CODE 07069	PHONE (AREA CODE, NO., EXTENSION) 908 - 755 - 6664	

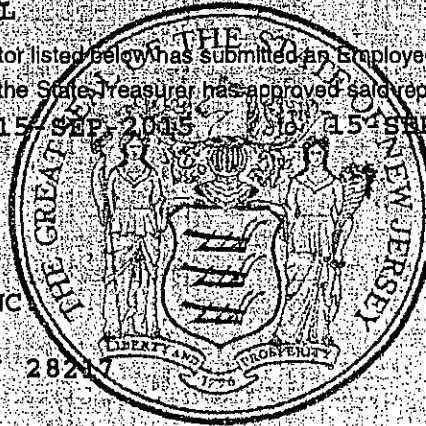
Certification 3887

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15 SEP 2015 to 15 SEP 2018

COMPASS GROUP USA, INC
2400 YORKMONT ROAD
CHARLOTTE NJ 282



Robert A. Romano

Robert A. Romano,
Acting State Treasurer

ADDITIONAL COVERAGE SCHEDULE

COVERAGE	LIMITS
POLICY TYPE: Compass - MA Auto CARRIER: New Hampshire Insurance Company POLICY TERM: 9/30/2016 – 9/30/2017 POLICY NUMBER: 2935951	Auto Liability – MA Any Auto Self-Ins. Phy Damage \$2,000,000 Combined Single Limit
POLICY TYPE: Compass - VA Auto CARRIER: National Union Fire Insurance Company of Pittsburgh POLICY TERM: 9/30/2016 – 9/30/2017 POLICY NUMBER: 2935953	Auto Liability – VA Any Auto Self-Ins. Phy Damage \$2,000,000 Combined Single Limit
POLICY TYPE: Excess Business Auto Liability CARRIER: National Fire and Marine Insurance Company POLICY TERM: 9/30/2016 – 9/30/2017 POLICY NUMBER: 42-XSF-302909-01	Any Auto \$3,000,000 Combined Single Limit
POLICY TYPE: Compass - Liquor (Compass) CARRIER: National Union Fire Insurance Company of Pittsburgh POLICY TERM: 9/30/2016 – 9/30/2017 POLICY NUMBER: 3796740	Liquor Liability \$1,000,000 Each Common Cause \$10,000,000 Aggregate SIR applies as respect to Liquor Liability per terms and conditions of this policy.

Compass Group USA, Inc.

Policy Term: 09/30/2016 to 09/30/2017

Workers' Compensation and Employers Liability Policies

<u>Coverage</u>	<u>Policy Number</u>	<u>Carrier</u>	<u>WC Coverage</u>	<u>EL Limits</u>
Work Comp/EL	014112063	New Hampshire Insurance Company NAIC 23841-081 Policy Covers States of: AL, AR, CO, CT, DC, DE, GA, HI, IA, ID, IN, KS, LA, MD, MI, MN, MO, MS, MT, NE, NM, NV, NY, OK, OR, RI, SC, SD, TN, TX, WV	Per Statute	\$2,000,000 Bodily Injury by Accident - Each Accident \$2,808,088 Each Employee Bodily Injury by Disease \$2,000,000 Policy Limit Bodily Injury by Disease
Work Comp/EL	814112070	New Hampshire Insurance Company NAIC 23841-081 Policy Covers States of: AK, AZ, IL, KY, NC, NH, NJ, PA, UT, VA, VT	Per Statute	\$2,080,888 Bodily Injury by Accident - Each Accident \$2,880,888 Each Employee Bodily Injury by Disease \$2,000,888 Policy Limit Bodily Injury by Disease
Work Comp/EL	014112065	New Hampshire Insurance Company NAIC 23841-081 Policy Covers States of: MA,WI, Stop Gap Coverage: ND, OH, WA, WY	Per Statute	\$2,000,000 Bodily Injury by Accident - Each Accident \$2,000,008 Each Employee Bodily Injury by Disease \$2,000,000 Policy Limit Bodily Injury by Disease
Work Comp/EL	014112869	American Home Assurance NAIC Policy Covers State of CA	Per Statute	\$2,000,000 Bodily Injury by Accident - Each Accident \$2,000,000 Each Employee Bodily Injury by Disease \$2,000,000 Policy Limit Bodily Injury by Disease
Work Comp/EL	014112864	Illinois National Insurance Company NAIC 23617-081 Policy Covers State of FL	Per Statute	\$2,808,888 Bodily Injury by Accident - Each Accident \$2,000,000 Each Employee Bodily Injury by Disease \$2,800,000 Policy Limit Bodily Injury by Disease
Work Comp/EL	814112066	New Hampshire Insurance Company NAIC 23641-081 Policy Covers State of ME	Per Statute	\$2,888,088 Bodily Injury by Accident - Each Accident \$2,888,080 Each Employee Bodily Injury by Disease \$2,088,080 Policy Limit Bodily Injury by Disease
Work Comp/EL	006563098	National Union Fire Insurance Company NAIC Policy Covers State of OH	Per Statute	\$2,888,880 Bodily Injury by Accident - Each Accident \$2,888,880 Each Employee Bodily Injury by Disease \$2,000,000 Policy Limit Bodily Injury by Disease



COMPGRO-02

YADAVPD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/20/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis of North Carolina, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME: Willis Towers Watson Certificate Center	
	PHONE (A/C, No, Ext): (877) 945-7378	FAX (A/C, No): (888) 467-2378
E-MAIL ADDRESS: Certificates@Willis.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : National Union Fire Insurance Company of Pittsburgh		19445
INSURER B : ACE Property & Casualty Insurance Company		20699
INSURER C : New Hampshire Insurance Company		23841
INSURER D :		
INSURER E :		
INSURER F :		

INSURED Chartwells Dining Services A division of Compass Group USA, Inc. 2400 Yorkmont Road Charlotte, NC 28217	CERTIFICATE NUMBER:	REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		3795744	09/30/2016	09/30/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRDDUCTS - COMP/DP AGG \$ 5,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Self Ins. Phy Damage	X		2935950	09/30/2016	09/30/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS \$ 0			XOO G27738631 002	09/30/2016	09/30/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		014112063	09/30/2016	09/30/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> DTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Garage keepers			2935950	09/30/2016	09/30/2017	1,500,000
C	Business Auto	X		2935951	09/30/2016	09/30/2017	See Attached

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 SIR applies as respect to General Liability per terms and conditions of this policy.

The umbrella policy follows the primary insurance coverage captioned above subject to the policy terms and conditions.

County of Essex is included as an Additional Insured as respects to General Liability and Auto Liability where required by written contract.

CERTIFICATE HOLDER	CANCELLATION
County of Essex Attn: Risk Management Department 455 Dr. Martin Luther King Blvd. Hall of Records / Room 510 Newark, NJ 07102	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Peter W. Estelle</i>

ADDITIONAL COVERAGE SCHEDULE

COVERAGE	LIMITS
POLICY TYPE: Compass - MA Auto CARRIER: New Hampshire Insurance Company POLICY TERM: 9/30/2016 – 9/30/2017 POLICY NUMBER: 2935951	Auto Liability – MA Any Auto Self-Ins. Phy Damage \$2,000,000 Combined Single Limit
POLICY TYPE: Compass - VA Auto CARRIER: National Union Fire Insurance Company of Pittsburgh POLICY TERM: 9/30/2016 – 9/30/2017 POLICY NUMBER: 2935953	Auto Liability – VA Any Auto Self-Ins. Phy Damage \$2,000,000 Combined Single Limit
POLICY TYPE: Excess Business Auto Liability CARRIER: National Fire and Marine Insurance Company POLICY TERM: 9/30/2016 – 9/30/2017 POLICY NUMBER: 42-XSF-302909-01	Any Auto \$3,000,000 Combined Single Limit
POLICY TYPE: Compass - Liquor (Compass) CARRIER: National Union Fire Insurance Company of Pittsburgh POLICY TERM: 9/30/2016 – 9/30/2017 POLICY NUMBER: 3796740	Liquor Liability \$1,000,000 Each Common Cause \$10,000,000 Aggregate SIR applies as respect to Liquor Liability per terms and conditions of this policy.

Compass Group USA, Inc.

Policy Term: 09/30/2016 to 09/30/2017

Workers' Compensation and Employers Liability Policies

<u>Coverage</u>	<u>Policy Number</u>	<u>Carrier</u>	<u>WC Coverage</u>	<u>EL Limits</u>
Work Comp/EL	014112063	New Hampshire Insurance Company NAIC 23841-001 Policy Covers States of: AL, AR, CO, CT, DC, DE, GA, HI, IA, ID, IN, KS, LA, MD, MI, MN, MO, MS, MT, NE, NM, NV, NY, OK, OR, RI, SC, SD, TN, TX, WV	Per Statute	\$2,000,000 Bodily Injury by Accident - Each Accident \$2,000,000 Each Employee Bodily Injury by Disease \$2,000,000 Policy Limit Bodily Injury by Disease
Work Comp/EL	014112070	New Hampshire Insurance Company NAIC 23841-001 Policy Covers States of: AK, AZ, IL, KY, NC, NH, NJ, PA, UT, VA, VT	Per Statute	\$2,000,000 Bodily Injury by Accident - Each Accident \$2,000,000 Each Employee Bodily Injury by Disease \$2,000,000 Policy Limit Bodily Injury by Disease
Work Comp/EL	014112065	New Hampshire Insurance Company NAIC 23841-001 Policy Covers States of: MA, WI, Stop Gap Coverage: ND, OH, WA, WY	Per Statute	\$2,000,000 Bodily Injury by Accident - Each Accident \$2,000,000 Each Employee Bodily Injury by Disease \$2,000,000 Policy Limit Bodily Injury by Disease
Work Comp/EL	014112069	American Home Assurance NAIC Policy Covers State of CA	Per Statute	\$2,000,000 Bodily Injury by Accident - Each Accident \$2,000,000 Each Employee Bodily Injury by Disease \$2,000,000 Policy Limit Bodily Injury by Disease
Work Comp/EL	014112084	Illinois National Insurance Company NAIC 23817-001 Policy Covers State of FL	Per Statute	\$2,000,000 Bodily Injury by Accident - Each Accident \$2,000,000 Each Employee Bodily Injury by Disease \$2,000,000 Policy Limit Bodily Injury by Disease
Work Comp/EL	014112066	New Hampshire Insurance Company NAIC 23841-001 Policy Covers State of ME	Per Statute	\$2,000,000 Bodily Injury by Accident - Each Accident \$2,000,000 Each Employee Bodily Injury by Disease \$2,000,000 Policy Limit Bodily Injury by Disease
Work Comp/EL	006583098	National Union Fire Insurance Company NAIC Policy Covers State of OH	Per Statute	\$2,000,000 Bodily Injury by Accident - Each Accident \$2,000,000 Each Employee Bodily Injury by Disease \$2,000,000 Policy Limit Bodily Injury by Disease



DEPARTMENT OF HEALTH AND REHABILITATION

HOSPITAL CENTER DIVISION

204 Grove Avenue, Cedar Grove, New Jersey 07009

973.571-2800 — 973.571-2807 (Fax)

www.essexcountynj.org

JOSEPH N. DiVINCENZO, JR.
Essex County Executive

FRANK J. DELGAUDIO, SASHE
Director

BOLIVAR PASCUAL, MD
Medical Director

TO: Julius N. Coltre – Director of Purchasing
FROM: Frank J. Del Gaudio, Director (FJD)
SUBJECT: Recommendation for Contract Renewal Option – Gourmet Dining Services
DATE: December 12, 2016

It is recommended that the first 12 month contract renewal option for Bid# 13-219, Provide Food Services for the Essex County Hospital Center, be extended to **Gourmet Dining, LLC**, 285 Madison Avenue, Madison, New Jersey.

The contractor's performance during the past two years has been excellent and the cost for the 12 month extension decreases to \$27.72 per patient day from the expiring cost of \$28.55. This contract extension would begin on February 5, 2017.

cc: Dana Mangrella - ECHC

Putting Essex County First

ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER.

BID PRICING FORM

Provide Food Service at Hospital Center

We the undersigned have read and fully understand the specifications, and propose to provide food service:

Year 1

Unit Price per Patient Day \$ 27.72 x 65,700 = \$1,821,204.00

Year 2

Unit Price per Patient Day \$ 28.55 x 65,700 = \$1,875,735.00

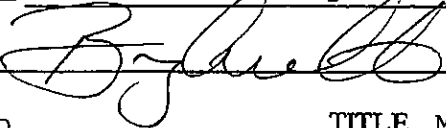
Year 3

Unit Price per Patient Day \$ 27.72 x 65,700 = \$1,821,204.00

ALLOWANCE FOR OTHER
EVENTS AND MISCELLANEOUS FOOD \$50,000.00

GRAND TOTAL \$5,568,143.00

GRAND TOTAL IN WORDS Five million five hundred sixty-eight thousand one hundred forty three dollars.

VENDOR'S COMPANY NAME Gourmet Dining, LLC
AUTHORIZED SIGNATURE  DATE December 17, 2013
PRINT NAME Ben Aiello TITLE Member & President
TELEPHONE NUMBER: (973)443-8659 FAX NUMBER: (973)443-8576
TAX I.D. OR SOCIAL SECURITY NUMBER 22-3481711
ADDRESS: 285 Madison Avenue
Madison, NJ 07940
PHONE (973)443-8659 FAX (973)443-8576
EMAIL baiello@gourmetdiningllc.com mdemasi@gourmetdiningllc.com

The County reserves the right to offer the successful vendor a one two (2) year extension of this contract with their mutual agreement

DEC-06-2013 15:17

GOURMET DINING, LLC.
466 SOUTH ORANGE AVENUE
SOUTH ORANGE, NJ 07079

P.02/06

GOURMET
DINING
LLC



December 6, 2013

FAX - (973)621-5109

Mr. Lenard Sorge

Mr. James J. Jorgensen, QPA

County of Essex

Office of Purchasing

465 Dr. Martin Luther King Jr. Blvd

Newark, NJ 07102

RE: Questions to Bid No. 15-219 -- December 19, 2013

Gentlemen:

Question One

Referring to Section Specifications for Bid Preparation Page 15 of 29

Q. Availability of Dietitian

Currently we employ a full time dietitian whom is on site 40 hours a week, 52 weeks a year. This dietitian is, in addition to the labor schedule stated on page 29W.

Our Question is:

Does the successful vendor need to have a full time dietitian on site 40 hours a week, 52 weeks a year? **YES**

Question Two

Referring to Section Specifications for Bid Preparation Page 20 of 29

H. Replacement of Small Wares/Trayware/Utensils and Equipment

All small wares and equipment (except for fixed County equipment), all other items including small wares, equipment, tray line, etc., is owned by Gourmet Dining, LLC (see attachment for lists of current inventory and replacement costs for these items).

INFO@GOURMETDININGLLC.COM

GOURMETDININGLLC.COM

DEC-06-2013 14:59

98%

P.02