

**RFP 25-04 University Dining Services
COST FORM**

Meal Plan Program Cost:

Meal Plan A - (12/\$500 Flex DB) _____ Per Student/Semester
calculated on 17 weeks/12 meals per week

Commission Payments:

Flex/Declining Balance Sales _____ %

Catering _____ %

Other Retail Sales _____ %

Capital Investment

Please provide details of proposed Capital Investment with guaranteed minimum Investment amount. Include supporting documentation.

\$ _____ Minimum

Scholarship Commitment:

Provide details of any scholarship commitments with guaranteed minimum annual amount.

\$ _____