

**DEPARTMENT OF PROCUREMENT SERVICES
UNIVERSITY OF MARYLAND, BALTIMORE
AMENDMENT TO SOLICITATION REQUEST**

1. Date: 8/10/2018	2. Solicitation No.: 88630NB	3. Dated: 7/31/2018
4. To: Vendors		

5. AMENDMENT NO. 1

6. THE ABOVE NUMBERED SOLICITATION REQUEST IS AMENDED AS SET FORTH IN BLOCK 7.

THE HOUR AND/OR DATE OF SOLICITATION OPENING IS CHANGED TO _____.

7. DESCRIPTION OF AMENDMENT OR CHANGE.

a. Section V(E)(3)(C) – Changed

i) **Removed** - Key Personnel: Complete the “Key Personnel Form” (Appendix H) for the individual being proposed as **On-Site Manager** and **Supervisor** for this contract, including the following:

ii) **Added** - Key Personnel: Complete the “Key Personnel Form” (Appendix H) for the proposed as **Food Service Director** and **Catering Manager** for this contract, including the following:

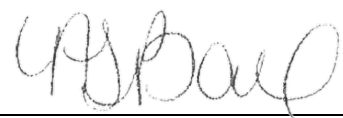
b. Appendix H – Key Personnel Form

i) **Removed** – **On-Site Manager** and **Supervisor**

ii) **Added** - **Food Service Director** and **Catering Manager**

8. QUESTIONS CONCERNING THIS ARE TO BE REFERRED TO: Nina L. Baxter – nbaxter@umaryland.edu – 410-706-7015

UNIVERSITY OF MARYLAND, BALTIMORE

BY: 
Authorized Signature

ACKNOWLEDGEMENT OF RECEIPT OF AMENDMENT

SOLICITATION NO. **88630NB**

SOLICITATION DUE: **8/27/2018**

SOLICITATION FOR: Insurance – Broker Services for Liability Coverage

NAME OF VENDOR: _____

The undersigned, hereby acknowledges the receipt of the following amendment:

Amendment No. 1 Date: 8/9/2018

Amendment No. _____ Date: _____

Amendment No. _____ Date: _____

Amendment No. _____ Date: _____

Amendment No. _____ Date: _____

This form must be included in your response.

Signature

Print Name

Title

Date

**RFP 88630NB – FOOD SERVICES OPERATIONS – SMC CAMPUS CENTER
KEY PERSONNEL FORM**

OFFEROR: _____

Position:

- Food Service Director
- Catering Manager
- Other: _____

1. KEY PERSONNEL TO BE ASSIGNED:

PERSON'S NAME: _____

SUPERVISOR: _____

BACK UP MANAGER: _____

1.1 EDUCATIONAL BACKGROUND:

Institution	Degree/Diploma/Certificate	Major (if any) Date of Degree or H.S Diploma

1.2 EMPLOYMENT HISTORY *: (*NOTE: If a person has more than three (3) employers in his/her employment history, please provide complete employment history via supplemental page(s) attached to this form.)

EMPLOYER' NAME: _____

DATES OF EMPLOYMENT: _____

POSITION HELD: _____ DURATION BY DATE: _____

EMPLOYER' NAME: _____

DATES OF EMPLOYMENT: _____

POSITION HELD: _____ DURATION BY DATE: _____

APPENDIX H

**RFP 88630NB – FOOD SERVICES OPERATIONS – SMC CAMPUS CENTER
KEY PERSONNEL FORM**

EMPLOYER' NAME: _____
DATES OF EMPLOYMENT: _____
POSITION HELD: _____ DURATION BY DATE: _____

EMPLOYER' NAME: _____
DATES OF EMPLOYMENT: _____
POSITION HELD: _____ DURATION BY DATE: _____

1.3 SIMILAR RELEVANT PROJECT EXPERIENCE/REFERENCES:

On the following pages provide a **full** description of Key Person's project experience, including their role and the services they performed on a similar project. (Note: As indicated in the solicitation document, references are to be **project references not employment references.**)

NAME: _____
COMPANY NAME: _____
TELEPHONE
NUMBER: _____
EMAIL ADDRESS: _____

DESCRIPTION OF HOW THE CONTRACT WAS CONDUCTED:

START AND END
DATES: _____

**RFP 88630NB – FOOD SERVICES OPERATIONS – SMC CAMPUS CENTER
KEY PERSONNEL FORM**

WHY IS THE CONTRACT RELEVANT TO THE UNIVERSITY'S
NEED?

NAME: _____
COMPANY NAME: _____
TELEPHONE
NUMBER: _____
EMAIL ADDRESS: _____

DESCRIPTION OF HOW THE CONTRACT WAS CONDUCTED:

START AND END
DATES: _____

WHY IS THE CONTRACT RELEVANT TO THE UNIVERSITY'S
NEED?

NAME: _____
COMPANY NAME: _____
TELEPHONE
NUMBER: _____
EMAIL ADDRESS: _____

DESCRIPTION OF HOW THE CONTRACT WAS CONDUCTED:

START AND END
DATES: _____

APPENDIX H

**RFP 88630NB – FOOD SERVICES OPERATIONS – SMC CAMPUS CENTER
KEY PERSONNEL FORM**

WHY IS THE CONTRACT RELEVANT TO THE UNIVERSITY'S
NEED?

NOTE: For each key Person, the vendor may attach other relevant similar projects
experience to this form

ACHIEVEMENTS/OTHER NOTATIONS (NOT REQUIRED):
